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Title: Factors Related to the Use of Pediatricians as Resources for Child Behavior Problems.

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All parents experience some problems with their children and may look to various parenting resources for guidance and reassurance (Stoltz, 1967). The literature on the problems parents experience, including tantrums, bedwetting, whining/crying, has not comprehensively explored the range and co-occurrence of child behavior problems across all ages (Kanoy and Schroeder, 1985). Many resources are available to parents experiencing difficulties; these include books and magazines, parenting classes, and other health professionals. The role of the pediatrician as a resource for information and guidance has received minimal attention.

Two hundred parents and ten pediatricians served as respondents in this study. Of the parents, 94% were female and 97% were white. Ages of the children ranged from 9 months to 13 years. The parents' questionnaire explored the types of child behavior problems perceived by parents, their attitudes concerning the use of resources including the pediatrician, and demographic information about the structure of

the family. The pediatricians themselves reported on their backgrounds and their attitudes about providing parenting assistance.

A principal components factor analysis reveals that the child behavior problems group into two factors. Assertiveness includes problems such as talking back and destructiveness. Reliance includes problems during mealtime and bedtime. Age is related to assertiveness and reliance; in general younger children are viewed by their parents as more assertive and more reliant (ANOVA for assertiveness, $F = 2.34$, $df = 4$, $p < .05$) (ANOVA for reliance, $F = 4.11$, $df = 4$, $p < .01$). Families with lower income and single parent families reported more assertive children as well.

The next step of data analysis was to examine the resources parents use when faced with child behavior problems. Relatives (99%) are the most frequently used resources. Consulting friends (98%) and reading books and magazines (93%) were also frequently reported. However, when parents were asked the value of resources, the pediatrician was ranked as the most valuable. Pediatrician characteristics, including the number of years in practice and number of patients per day, are positively related to the parents' rating of pediatricians as a valued resource for parenting information.

It appears that parents tend to consult resources, not solely on value, but instead on convenience. Characteristics of the pediatricians' background and work schedules seem to influence how valuable their guidance is to parents. This study answers the questions of which problems occur together, and which resources are used by parents to aid them with child behavior problems. The

results provide valuable information for pediatricians and other family health professionals interested in becoming more active in "well-child" work.

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CHAPTER I

INTRODUCTION

All parents experience some problems with their children. The children who throw tantrums in a restaurant or run up and down the aisles in a department store belong to someone. Yet parents experiencing child behavior problems often feel alone, wondering how "normal" their child's behaviors are. To bring up children, parents sometimes need reassurance and guidance in dealing with their children and look to a variety of parenting resources for answers. The child's pediatrician is often consulted as a major resource when parents are faced with child behavior (Clarke-Stewart, 1978; MacPhee, 1984; McMillan, 1984; Schroeder, 1979; Stoltz, 1967).

The review of literature conducted for this study reveals that there has been minimal attention directed toward the dual problems of the specific child behavior problems reported by parents and the resources they select for assistance.

The present study focuses on the role of the pediatrician as a parenting resource. In order to understand the role of the pediatrician, other parent education resources must be analyzed in relation to parent use. Child, parent, and family characteristics must be identified. Two separate fields of study, the medical literature (c.f., MacPhee, 1984; McMillan, 1984; Stoltz, 1967) and the parenting literature (c.f., Christophersen, 1984; Ginott, 1965;

Gordon, 1975) must be integrated to address the issue of child behavior problems.

Medical literature centers on child behavior problems symptomatic of a medical problem or medical issues such as formula changes. Medical concerns involve parents' opinions of pediatric care and the amount of time devoted by the pediatrician to parent concerns. Although not directly associated with parenting practices and child behavior problems, these issues influence parents' decisions to consult pediatricians.

Parenting literature often concentrates on child behaviors that affect areas outside the home, for example school work. As a result, we presently know little concerning what kinds of child behavior problems are experienced by parents. Journal articles and books tend to discuss specific situations such as "How to deal with sibling rivalry" (Brazelton, 1976), yet neglect to mention how prevalent this problem is. Neglected also are the resources parents consult when faced with child behavior problems. More research concerning these areas is needed to understand and aid parents with child behavior problems.

Purpose of the Study

From the general desire to become aware of the needs of parents, two major purposes have evolved for this study. The first is in response to the lack of research involving parents and their child's behavior problems. If we are to understand the needs of parents,

information is needed as to what kinds of child behavior problems are reported most often by parents including problems at mealtime, temper tantrums, whining and crying, high activity levels, and dependency. Some problems such as those at bedtime, only occur once a day. For other problems, such as temper tantrums, parents may be faced with frequent need to intervene. Behaviors relate to each other according to common characteristics. For example, a child who demands attention may also exhibit tantrums. When paramount problems are identified, intervention programs can be designed to aid the family. Implications for future research may also be formulated.

The second purpose is to determine what resources parents tend to consult when faced with child behavior problems. Major resources include relatives, friends, books and magazines, classes on parenting, mental health professional and pediatricians. The pediatrician is relied upon for much advice on child behavior management (Clarke-Stewart, 1978; MacPhee, 1984; McMillan, 1984; Schroeder, 1979; Stoltz, 1967). In this study the pediatrician as a parenting resource will be the key focus.

This study is descriptive in nature. Parent and family characteristics, pediatrician characteristics, and demographic information are inter-related. This study investigates the relationship among such characteristics to determine how they relate to child behavior problems and the use of resources for parenting problems.

Research Questions

1. What specific child behavior problems are reported most often by parents? Do problems tend to cluster into categories or have identifiable themes?

2. What resources do parents tend to consult when faced with child behavior problems? To what degree do parents rate those resources as valuable?

3. What child, parent, and pediatrician characteristics relate to the use of pediatricians as a resource for resolving child behavior problems?

Research Hypotheses

Hypothesis 1: The age, ordinal position, and sex of a child will significantly relate to the kinds of behavior problems reported by parents.

Hypothesis 2: The educational level and income of parents will significantly affect their choice of resources. Families with higher educational background and income will consult books/magazines, classes on parenting, and the child's pediatrician more than will parents with lower educational level and income.

Hypothesis 3: Pediatricians who see fewer patients a day, and who have more years of experience and more educational background in child development and management will be perceived by parents as more helpful with child behavior problems than will pediatricians with more patients and less background.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this chapter is to focus on the factors related to the use of pediatricians as resources for child behavior problems. The process through which a pediatrician is selected as a resource is outlined, starting with the child characteristics that may relate to resource selection. Once child characteristics are identified, a further analysis of the resources parents tend to consult when faced with child behavior problems is conducted. Emphasis is placed on the role of the pediatrician. For the purpose of clarity, this review is divided into three sections. Section one reviews child characteristics and the types of child behavior problems that are reported most often by parents. Section two reviews parent factors and the resources parents tend to consult when faced with child behavior problems. Section three reviews selection of a pediatrician as a major resource for resolving child behavior problems.

Child Behavior Problems and Characteristics

All parents experience some problems with their children. Yet often they feel alone, wondering how "normal" their child's behaviors are. A review of literature conducted for this study reveals there has been minimal attention toward the specific child behavior problems reported by parents. The medical literature and parenting literature is reviewed in order to give a comprehensive view of the type of child behavior problems and the kinds of child characteristics related to them.

Minimal medical research addresses the kinds of child behavior problems reported most often by parents. These studies often involve sampling parents during a pediatric visit. In one study interested in parental concerns, half of the parents sampled ranked normal growth and development and behavior as of more concern than medical and nutritional issues (Ryberg and Merrifield, 1984). Christophersen (1983) found that almost half (46%) of the pediatrician's office time is devoted to well-child care. An initial conclusion might be that pediatricians must be a major source to which parents turn when faced with child behavior problems. However, this category is too heterogeneous to form a basis for conclusions about how important child behavior problems are when compared to subcategories like immunizations and safety. Immunizations and safety issues are not the same as child behavior problems and should not be categorized together.

A "Child Behavior Checklist," made up of 118 items, has been developed to specifically assess the behavioral problems and competencies of children age 4 to 16 years (Achenbach and Edelbrock, 1983). However, it negates the problems demonstrated by children under 3 years old and is based on mental health clinic referred populations. To develop a clear understanding of the kinds of child behavior problems faced most often by parents, a category smaller in scope, with a wide age range, and with less diversity is needed.

In a later study conducted in a pediatric setting, Kanoy and Schroeder (1985) report a list of child behavior problems experienced by parents. The problems most prevalent are negative behaviors,

by parents. The problems most prevalent are negative behaviors, toilet training, and personality or emotional problems. School problems, sibling rivalry, and sleeping problems are listed with less frequency. To further understand the implications of this research, the sample must be examined. The sample consisted largely of married, professional individuals who were characterized as parents with slightly more concerns about boys than girls (Kanoy and Schroeder, 1985). In fact over 70% of the concerns in the areas of toileting and sibling/peer problems are expressed about boys. In order to develop a clear understanding of the kinds of child behavior problems faced most often by parents, gender differences should be addressed (Rutter, 1971).

Hickson and colleagues (1983) in another study found 70% of the mothers surveyed are most concerned with problems related to child behavior, development and parenting. The specific examples most often listed are discipline, personality and social development, mental development, parent-child interaction time, and the child's adjustments to life changes. The remaining 30% of the mothers are most worried about their child's physical health.

Parenting literature, which often comes in the form of books and magazines, offers another view of common child behavior problems. A review of 17 child rearing books selected from a local library sheds a different light on what child behavior problems are considered to be most common, as judged by professionals (Table 1).

Judging from the frequency of each problem mentioned, toilet training is one of the most common child behavior problems faced

TABLE 1

Percentage of Specific and General Topics
Covered in Popular Child-rearing Books

Problem Type	Percentage
Specific:	
toilet training	35%
bedtime	18%
sibling rivalry	18%
anger/aggression	18%
mealtime	12%
temper tantrums	12%
jealousy	12%
dressing	6%
bedwetting	6%
irritating	6%
General:	35%
Medical related:	30%

by parents today. It is described in slightly more than one-third of the books. Other commonly mentioned problems include bedtime, sibling rivalry, anger and aggression. Before conclusions can be drawn from this informal research method, other methods of research must be considered. A parenting book might cover a problem not because it is faced by a majority of the parents, but because it is very annoying. For example, a bedtime problem can affect all family members in outside-the-family activities as well, including work productivity and alertness. Its frequency is limited to once a day, while its effects reach far beyond the specific problem itself.

A review of both medical and parenting literatures reveals that there is still much unknown about the child behavior problems

reported most often by parents. More than a third of the books surveyed list no specific problem-solving strategies but instead deal entirely with general guidelines for child management. In order to better understand the needs of parents and develop programs to aid them, a more accurate and complete research design is needed. One purpose of this study is to increase knowledge as to what kinds of child behavior problems are reported most often by parents, and to determine if these problems group into categories or identifiable themes. These themes may be related to child characteristics.

Age of the Child

The personal characteristics of a child often affect the kinds of child behavior problems experienced in a family. Of these, the most investigated has been the age of the child. Child behaviors often group according to age of the child as a result of normal development (Ilg and Ames, 1955; Schaefer and Millman, 1981; Schroeder, 1979).

> During infancy, issues related to feeding and digestion generally elicit the largest number of questions, followed by concerns about the bowels and toileting, sleeping, crying, and developmental delays. During toddlerhood, teething and sleeping become less problematic while negativism, toilet training, activity level, and tantrums become more bothersome. (Mesibov, Schroeder and Wesson, cited in MacPhee, 1984:98).

Parenting books often classify child behaviors according to age of child including 1) antisocial behavior, 2) habit disorders, 3) immature behaviors, 4) peer problems, and 5) insecure behaviors (Schaefer and Millman, 1981).

Gender of the Child

The gender of the child can also be linked to differences in child behavior problems. Boys often demonstrate more problems than girls (Block et al., 1980; Rutter, 1971). Boys also are more likely to imitate aggressive behaviors than are girls (Emery, 1981; Wharton and Mandell, 1985). Gender differences related to parental patterns of child rearing have also been studied. For example, one study conducted by Baumrind (1971) found that authoritarian parenting is associated with less dependence, more self-reliance, and more anger and defiant behaviors in boys than in girl children.

Ordinal Position of the Child

The effect of ordinal positions on parenting and child behavior problems has received little research attention. Research conducted by Stoltz (1967) found that parents with smaller families are highly influenced by parenting communication resources including interpersonal communication and mass media.

Medical and parenting literature offer insight into the kinds of child behavior problems reported most often by parents. Medical literature reviews parents' concerns related to physical issues, the popular parenting literature produced comments on what parents ostensibly want to know. The frequency of child behavior problems as related to child characteristics such as age, gender, ordinal position, has yet to be examined systematically.

Resources Used by Parents

Parent education is ultimately concerned with influencing behavior (Bartlett, 1984). There is a variety of resources available which offer suggestions for influencing children's behavior. This study emphasizes the role of the pediatrician as a resource for parenting education. However, it is important to review other sources of information in order to gain a better understanding of parents' resource selection.

To bring up children, parents looking for reassurance and guidance concerning parenting turn to a variety of sources. Often parents look to what they consider to be the 'experts' when faced with child rearing decisions. These experts might be relatives or friends who have children, books or magazines claiming to have the answers, or professionals who are believed to have extensive knowledge of child behaviors. In the past, expert authority was based on religion. Today some people turn to the church and/or the Bible for the answers to child behavior problems (i.e., spare the rod, spoil the child). More common today is the expert authority of science. Parents turn to physicians, educators, and other health professionals in hopes of gaining needed information concerning understanding and changing the child's behavior. There also has been an emergence of parenting literature as a resource for parents to consult when faced with child behavior problems.

Only one classic research study has thoroughly examined parent resources for child behavior management education. Current data of

this magnitude are not available. As a result, the knowledge base used in much of the current research represents Stoltz's (1967) findings. Stoltz (1967) interviewed 78 parents, asking them to describe their behavior with their 111 children. Stoltz tried to assess parent behavior as related to resource selection. The resources he examined included: 1) organized education, 2) mass media, 3) family and relatives, 4) acquaintances and friends, and 5) professional people.

Organized Parent Education

In the Stoltz study (1967), 92% of the mothers and 80% of the fathers reported using organized education, including previous college courses and adult education classes, as sources of parenting information. Among the most influential are courses which parents reported taking while in college.

Mass Media

Communication from mass media is less emphasized by parents than that from person to person communication sources, which constitutes more than half of the total resources consulted (Stoltz, 1967). Mass media includes all printed literature, radio, television, and cinema. Overall, mothers emphasize the influence of mass media on parenting more than do fathers (Stoltz, 1967).

Parents are bombarded with how-to-books, magazines, newspaper articles and pamphlets on improving parenting skills. Books and other print media are consulted for general information more than for specific information about growth and child rearing techniques

(MacPhee, 1984:88). According to Stoltz (1967), every parent has modified, to some extent, what he or she does with the child on the basis of mass media. Most parents reported reading magazine articles, while half reported reading newspaper articles. Radio and television as a parenting information resource are mentioned by less than half of the parents. A third of the parents reported reading books written for parents.

A New Zealand study (McMillan, 1984) on parents' general familiarity with books, magazines, radio or television programs concerned with child rearing materials shows that most parents can not identify or recall any specific materials. In general books were found to be read by 43% of the parents, while 25% reported reading magazines, and 24% reported the use of radio or television programs. These results contradict Stoltz's findings (1967). This contradiction may be a result of an increase of parenting resources available over the past 15 years or due to cultural differences.

Family and Relatives

For years, parents have consulted relatives about child rearing practices. Spock (1986) argues that such help was more prevalent when extended families lived in the same home or before geographic mobility. Parents and other family members are among the most common sources of general information about child rearing (MacPhee, 1984; McCune et al., 1984; McMillan, 1984; Schaefer and Millman, 1981). Both mothers and fathers state that their own parents are more influential on their child rearing practices than are their in-laws (Stoltz, 1967).

Acquaintances and Friends

Acquaintances and friends are also a major source of general information about child rearing, second to relatives and other family members (McCune et al., 1984; McMillan, 1984). A great deal of the information as to how to raise children passes back and forth between neighbors and friends. According to Stoltz (1967) all but a few parents reported being influenced by neighbors and friends. Mothers emphasize the effect of acquaintances significantly more than do fathers (Stoltz, 1967:251).

Professionals

The professionals consulted most often by parents are physicians, teachers, psychologists, psychiatrists, clergymen, and nurses (Stoltz, 1967). Each is discussed here in ascending order. Few parents reported consulting a nurse when faced with child behavior problems, yet parents do spend time with nurses during pediatric visits (Stoltz, 1967). When asked how they feel about receiving well-child advice from a nurse instead of a physician, 67% of mothers reported they would prefer the physician but would accept a nurse as a substitute. None of the parents interviewed prefer a nurse (Deisher et al., 1965). Yet nurses offer more reassurance and total support to parents than do physicians, according to the mothers (Wasserman et al., 1984).

In the past, expert authority on child behaviors was based on religion. Yet consulting a rabbi, priest, minister, and ward bishop,

according to Stoltz (1967), was rarely mentioned as a source of help in understanding or changing the child's behavior.

As a source for help, parents rarely mentioned psychiatrists (McMillan, 1984; Stoltz, 1967). Only 1 of the 17 how-to-parent books surveyed from a local library mentioned psychiatrists as a parenting resource (Ginott, 1965). One reason for the possible hesitancy in consulting psychiatrists could be financial constraints. A few parents may feel that going to a psychiatrist disgraces their family, although most parents indicated that they would go to one if they needed to, especially if a physician recommended it (Stoltz, 1967:248).

In the Stoltz study (1967), half of the parents reported having some contact with psychologists. Most reports were a result of parents' discussions with school psychologists concerning learning abilities, academic failure, and school behavior problems. Other discussions were with psychologists who happened to be family friends or acquaintances. Using psychologists for parenting information is recommended by Ginott (1965) and Morrison (1976) for understanding personality disorders and for psychotherapy.

School teachers, including classroom teachers, school counselors, and school principals, were also listed as a source of information about understanding and changing the child's behavior. However teachers were mentioned half as often as the child's pediatrician (McMillan, 1984; Stoltz, 1967). Teachers are consulted for more specific information (e.g., decline in grades due to behavior problems) rather than general questions. According to the

behavior problems) rather than general questions. According to the Stoltz study (1967), more mothers than fathers stressed the use of teachers as a resource for parenting information.

The child's pediatrician is relied upon for more advice than is any other resource for specific information regarding child behavior management (Clarke-Stewart, 1978; MacPhee, 1984; McMillan, 1984; Schroeder, 1979; Stoltz, 1967). Parents not only seek advice about illness and general health, they also want advice about child development stages, eating problems, bedwetting, excessive crying, discipline, and extreme emotional problems (Stoltz, 1967:243). As a result many parents, when they contact their pediatrician, expect to be able to get help with their children's development and behavioral problems as well as with medical ones (Routh et al., 1983).

Reisinger and Lavigne (1980), in developing an early intervention model for pediatric settings, suggest that the pediatrician is in an ideal position to provide early identification, screening, and anticipatory guidance of children with developmental and psychological problems, particularly during a child's infancy and preschool years. However, not all parents or pediatricians expect the role of health providers to encompass all behavioral issues (Korsch et al., cited in MacPhee, 1984). In a study conducted by Korsch et al. (1971), the reasons why parents do not consult the child's pediatrician concerning assessments of development and/or behavior are explored. The most common response was they are unaware that the pediatrician or family physician is a source of assistance. Other parent responses suggest that parents feel the pediatrician is

too busy to bother with child behavior and development issues, is qualified to answer any questions, is unwilling to help; others said that they are too embarrassed to consult the pediatrician, or denied needing any help (Hickson et al., 1985:621).

Parent and Family Characteristics

Parent and family characteristics including education, occupation, income, are considered influential factors affecting the resources sought for parenting education. Hess (1970), summarizing a large body of research, found that higher socio-economic-status (SES) parents are more likely to reason with their children and communicate more openly than lower SES parents. Lower-SES parents tend to stress respect, obedience and staying out of trouble. Conclusions made by Hess (1970) reflect much of the research conducted by Baumrind (1971) on parenting styles. Baumrind's (1971) examination of child rearing styles found three parenting patterns: authoritarian, permissive, and authoritative. Authoritarian parents are more likely to shape and control the child's behavior while permissive parents are less likely to use demands, controls, and punishment. Authoritative parents are more likely to reason with the children.

The effect of marital status and religious background has been a neglected area in researching the parent and family characteristics related to resource selection of parents faced with child behavior problems. This study explores the relationship between these and other parent and family characteristics and the kinds of child behavior problems reported most often by parents, as well as

examining the resources parents tend to consult when faced with child behavior problems.

Limitations of Existing Research

A majority of the research conducted on the resources parents consult when faced with child behavior problems is ten to fifteen years old (Kammeyer, 1967; Stoltz, 1967). The past decade and a half has seen an increased awareness of parenting skills and how-to-parent books, such as Parent Effectiveness Training and Systematic Training for Effective Parenting. The proliferation of such materials may have changed the way parents deal with their child's behavior. Past research has attempted to understand what resources parents consult when faced with child behavior problems. Often the research represents biased samples of a small number of participants. It is also not known to what degree parents rate those resources as useful. The parent characteristics that influence resource selection are education, income, occupation, and parenting style. Parent and family characteristics may determine whether resource suggestions are implemented.

In conclusion, parents often turn over child-rearing questions to the experts. Although a variety of resources including organized parent education, mass media, family and relatives, acquaintances and friends, and professionals, are considered experts, the child's pediatrician is turned to most often for specific child behavior problems. The following section examines the factors associated with the use of pediatricians as a parenting resource.

Determining Factors Associated with the Use of Pediatricians as a Parenting Resource

Parent's use of pediatricians as resources may relate to pediatrician characteristics and parents' perceptions of their helpfulness. The current American Academy of Pediatrics' Periodic Guidelines (1981) stress the importance of parent education and anticipatory guidance (Strain, 1984). Yet parent education in the pediatric setting does not always succeed for a variety of reasons. Fulginiti (1984), in critiquing the current system argues that:

> Pediatricians give only lip service to the parent education effort; this is not deliberate but stems from other factors. We are not paid for our efforts to compensate the time and effort needed to educate effectively. We often lack communication skills to deliver effective parent education. We do not have adequate materials to augment or supplement our personal involvement, or we tend to substitute such materials for our personal involvement (pg. 915).

Whatever the current system has to offer, a majority of parents still turn to the child's pediatrician when faced with child behavior problems. Parent education is more than giving parents materials or teaching parents about health or behavioral matters. Parents look to pediatricians for suggestions and advice on influencing their child's behavior. The following section examines parent education that occurs in the pediatrician's office.

Parent Education In The Pediatric Office

Pediatricians spend up to 40% of their time on child health supervision (Bartlett, 1984; Christophersen, 1983; Strain, 1983). Detection of physical defects, evaluation of diseases, sickness and

developmental assessment are important elements of child health care supervision. Equally important are behavioral assessments, parent education, and anticipatory guidance (Kanoy and Schroeder, 1985:16).

Providing quality well-child care in a busy pediatric setting is often difficult given restrictions of time, space, and privacy, as well as expectations of immediate care. According to a study concerning the amount of time pediatricians spend with children (Korsch et al., cited in MacPhee, 1984), a well-child visit lasts approximately ten to fifteen minutes. Contradictory to parents' desires, the majority of the time is spent on medical and physical concerns rather than on behavioral assessments, parent education or anticipatory guidance. Parent-pediatrician interactions are typically initiated by the physician. Often the communication does not address the major concerns of the parent nor is it suited to the developmental stage of the child (Stoltz, 1967; MacPhee, 1984).

The helpfulness or lack of helpfulness in resolving child behavior problems of a pediatrician may be a major reason for changing doctors. In interviewing 170 parents who had transferred their medical records from one physician to another, Young et al. (1985) found the third most common complaint is the physician's lack of concern about the child's problem.

Interest in the child is a main characteristic parents use to describe good physicians (Deisher et al., 1965). Deisher and colleagues found that although 60% to 70% of the mothers surveyed are satisfied with the amount of well-child advice received from a physician, 25% of the mothers want more advice on behavior problems.

When parents are asked "If your pediatrician could give you all the time you needed today, what questions would you like to talk about?", discipline and parenting style is the most frequent answer (McCune et al., 1984:185). Other answers include information on what to expect about child development, problems related to physical care, nutrition and dieting. In conclusion, parents seek for their child a pediatrician who seems personally interested in the child, possesses special knowledge of child behavior and development problems, and is willing to take the time to educate the parents about what is happening and what to expect.

Parents' Preference for Educational Techniques

Convenience appears to be the key to parents' preference for educational techniques in pediatrician offices. Resources that can be utilized by parents at their own time and place are generally preferred to those requiring attendance within a given time frame. A 9 to 5 o'clock telephone service for parents to call is one of the most preferred methods of parent education, followed by educational pamphlets or pediatric newsletters (Ryberg and Merrifield, 1984; McCune et al., 1984). Parents also advocate additional time with a health professional during a well-child visit. Parenting classes may also be an answer to adequate parent education. In a study conducted by McCune et al. (1984), 67% of the parents surveyed said they would attend a parenting class sponsored by their pediatrician.

Whatever the educational method, it is up to the pediatrician to use interpersonal skills to establish rapport and trust and to

provide reassurance and support to all parents (Bartlett, 1984). How can these skills be developed to ensure that pediatricians have the capability to serve parents' wants? The following section examines aspects of pediatrician education and training.

Pediatrician Education and Background

How pediatricians manage parental concerns varies with how individually the doctors perceive their roles, and what their educational backgrounds, and interests are (Kanoy and Schroeder, 1985). Pediatricians' knowledge of normal child behavior comes from a variety of sources, including the medical education received, textbooks available, residency, and continuing education through professional journals. This section addresses pediatric education and background as related to parent education.

Traditional pediatric instruction does not include training in general child rearing practices (Christophersen, 1984; Morrison, 1976). Medical students attempt to learn child behavior and development concepts by reading pediatric textbooks, attending seminars, and by obtaining developmental histories from parents (Stillman et al., 1978). A survey of professors involved in the pediatric educational process at various medical schools shows that 49% of schools who responded offer formal classes on child behavior and development, 38% offer some training and 13% offer no training (Zebal and Freidman, 1984). However, the return rate of the survey was just over 50%. There is reason to believe that medical schools

who offered few classes or little training in child development would be likely to decline from returning the survey. Limited time is spent actually observing and interacting with normal healthy children in the typical medical school and post-medical school training (Stillman et al., 1978). Furthermore, normal development is not equal to expertise in dealing with child behavior problems.

To date, research concerning the importance of training medical students about normal child behavior and development has not been conducted. In order to understand the role of a pediatrician in parenting education, more information is needed concerning their educational background. In an informal survey, I contacted six medical schools from around the nation: Stanford University Medical School, University of Alabama Medical School, University of Oregon Medical School, Vanderbilt Medical School, University of Washington Medical School and the Oregon Health Sciences Center. Four of the medical schools reported no particular class offering information on child behavior and development, although these topics may be interjected into other class material. Class lists to describe the incorporation of child behavior and development information into other medical subjects are unavailable. One medical school offers two or more classes a year covering child behavior and development, and one medical school offers one class of this kind a year. A majority of schools surveyed do not include classes on child behavior and development Pediatric textbooks were then reviewed.

Pediatric textbooks must cover specific medical issues, including childhood diseases. However, developmental and behavioral

issues need to be addressed if the pediatrician is to effectively answer parents' questions. An informal survey of pediatric textbooks yields very little information concerning infant, child, and adolescent development. Out of five pediatric textbooks, approximately 10 to 16 pages out of a total of 1800 to 2100 pages addresses these topics (Behrman and Vaughan, 1983; Kaye et al., 1982; Maurer, 1983; McGrath and Firestone, 1983; Ziai, 1983). These pages include general information on growth and development and on discipline. A few sentences are devoted to topics like withdrawal, aggression, nailbiting, thumbsucking, problems at bedtime, temper tantrums, and hyperactivity. Most of these topics are discussed in terms of medical implications. Only one book includes medical as well as nonmedical information. Block and Rash (1981) describe a multitude of child behavior problems. Also included are the ages for when behaviors might occur, what the behaviors might mean, and suggestions for handling the situation. A list of other professional referrals is also given.

In the absence of formal education concerning child behavior and developmental concepts, medical students turn to pediatric textbooks, seminars, and developmental histories from parents (Stillman et al., 1978). When asked what to expect of children at various ages, a majority of the 20 pediatric resident students and 91 first-time parents surveyed could not correlate childhood developmental stages to a child's chronological age (Shea and Fowler, 1983). If this study is representative, the findings suggest that most pediatric residents may not be able to help parents recognize unrealistic

expectations or identify developmental stages in childhood or behavioral problems.

Conducting a review of pediatric medical journals provides additional insight into the lack of emphasis actually placed on parent-patient education about normal growth and development as well as behavioral concerns. Two prominent pediatric professional journals from June 1980 to June 1985 were surveyed. The number of articles that are not medically related, including behavioral or developmental issues, were tallied. Twelve articles appeared in the Journal of Pediatrics, out of a total of 2,400 articles in 70 volumes. Of the articles presented, the topics included childhood obesity, parent to infant bonding, and antecedents of child abuse. The second professional pediatric journal, Pediatrics, contains eleven articles over that same five year period, out of the total 1,520 published in 70 volumes.

The lack of attention to child behavior problems in professional journals, pediatric textbooks, medical course work and residency opportunities lead to the conclusion that pediatricians are not provided with the medical education needed to adequately address parents' specific questions regarding child behavior management.

Minimal research has been conducted identifying the determining factors associated with the use of pediatricians as parenting resources. This study explores pediatrician characteristics in order to better understand how they might function as a parenting resource. Once a knowledge base is developed, implications of how pediatricians can be more helpful can be considered.

Summary

In search of reassurance and guidance, parents turn to a variety of parenting resources, including family and relatives, friends, books and magazines, and professionals including pediatricians. Medical and parenting literature on child behavior problems, brought together, identify the factors related to the use of pediatricians as resources for child behavior problems. Medical research on child behavior problems involves sampling parents during a pediatric visit. As a result, questions concerning child behavior problems are often mixed with questions about immunizations and safety to form a category of well-child care, which is large in scope and diverse in nature. Parenting literature often comes in the form of books and magazines. A review of these sources provides an idea of possible child behavior problems reported by parents. Yet the amount of attention a problem receives in a parenting book may not reflect its frequency. Together, the medical and parenting literature offer insight into the kinds of child behavior problems reported most often by parents. There is still much unknown, but past research studies provides a foundation for the present inquiry.

The child's pediatrician is relied upon more than any other resource for specific information regarding child behavior management. Research indicates that parents desire more information about child discipline and pareting styles (Hickson et al., 1983). The medical profession, on the other hand, has not yet responded to this expectation. For pediatricians, the education and training

emphasis has been placed on medical issues, neglecting child development and behavior. As a result, pediatricians are not provided with background to address parents' specific questions.

Research connecting the medical literature to the parenting literature is sparse and often dated by as much as twenty years (e.g., Deisher et al., 1965; Korsch et al., 1968; Stoltz, 1967). The latest comprehensive study conducted on parenting resources was completed by Stoltz (1967) before the strong emphasis on parenting in the 1970's.

Pediatrician helpfulness, as perceived by parents, has not been related to individual child, parent, or pediatrician characteristics. Also lacking from the current research data is what child, parent, and family characteristics, such as marital status, SES, parenting style, and age, sex and ordinal position of the child, relate to the parents' consulting a pediatrician as a source of parenting information.

The purpose of this study was to explore the kinds of child behavior problems reported most often by parents, and the resources, including pediatricians, parents consult when faced with child behavior problems.

CHAPTER III

METHODS

This study examines what kinds of child behavior problems are reported most often by parents and the resources parents tend to consult when faced with them. Specifically, it investigates child, parent, and pediatrician characteristics related to the use of pediatricians as resources for child behavior problems. A questionnaire to explore these concepts was designed and distributed to parents in pediatric waiting rooms. Questionnaire length was limited to a completion time of 10 to 15 minutes for parents' convenience. Parents were requested to complete a questionnaire in two parts. The first part assesses: 1) perceived child behavior problems; 2) parenting style; 3) resources consulted by parents to understand or change their child's behavior; 4) the consultation of the pediatrician as a parenting resource; and 5) the helpfulness of the pediatrician. The second section of the parent questionnaire assesses basic demographic characteristics including marital status, income level, educational level, occupation, religious preference. Research has not been conducted that relate these characteristics to the selection of a pediatrician as a major resource for resolving child behavior problems.

This study also includes a questionnaire designed to gather information directly from pediatricians. The pediatrician questionnaire assesses: 1) how comfortable pediatricians feel in answering child behavior problem questions; 2) educational

background; 3) daily practice characteristics; 4) basic demographic characteristics, including their marital status and number of children; 5) pediatrician perception of resource appropriateness; and 6) pediatricians' perceived responsibility for resource referral.

Subjects

A total of 200 parents from two Oregon cities served as subjects. Three pediatricians and 60 parents lived in or near Albany, Oregon (pop. 27,625). Albany's economy is based on the wood products industry. The other 7 pediatricians and 140 parents live in or near Salem, Oregon. Salem is Oregon's state capital (pop. 91,400). Its economy is government based. Once the cities were identified, 10 pediatricians were selected. Selections were made in ways in which a variety of pediatric practices of various sizes and location were represented. Three pediatric clinics were involved, representing group practices of two, three, and five pediatricians in one building. Pediatrician participation was solicited through an explanatory letter mailed to each selected pediatrician. Cluster method of sampling was employed to gain parent participation (Scheaffer and Mendenhall, 1986). Parents were solicited at the time of their child's pediatric appointment check-in.

Procedures

The first communication with pediatricians was a letter describing the research study mailed to their offices (Appendix A).

A few days later, an appointment was made with each pediatrician to provide an opportunity to ask questions about the research project. A copy of the questionnaire to be used to collect the data was also provided. At this time, each pediatrician was asked if he or she would like to participate, understanding that participation would involve allowing the receptionist or a researcher to distribute and collect parent questionnaires. All pediatricians agreed to participate in the research project.

Data were collected in two separate manners. In two of the pediatric clinics, the receptionist was asked to distribute and collect the parent questionnaires. A researcher delivered and picked up the completed questionnaires on a daily basis. In the third pediatric clinic, a researcher distributed and collected the parent questionnaires because of the heavy patient load. Participation of this clinic was contingent upon an agreement that the receptionists would not be involved. All parents were anonymous and were given the right to refuse participation.

The clinic receptionist or researcher gave each parent a brief explanation of the research study and asked if they would like to participate. Parents participating returned the completed questionnaire before they left the office.

Data collection occurred over a two week period. Adhering to the design of this research project, 20 parents were sampled for each of the 10 pediatricians participating, thus creating the sample size of 200.

Measures

To examine what kinds of child behavior problems are reported most often by parents and the resources parents tend to consult when faced with them, three questionnaires were developed. The measurement instruments are exploratory in nature.

Parent Questionnaire

The parent questionnaire was designed specifically for this exploratory research project. The questionnaire is included in its entirety as Appendix B. The parents questionnaire is labelled "Patient Questionnaire" so that parents in the pediatricians' offices would understand that they were to complete it. The first section was designed to assess child characteristics. Parents were asked to target their responses to the child visiting the pediatrician that day. The age and sex of the child is requested, as both have been found to affect the child behavior problems reported most often by parents. Seventeen child behavior problems are listed. They represent the most common child behaviors as described in the review of literature. Child behaviors can be divided according to the age group in which they occur or by five distinct categories including: 1) antisocial behaviors, 2) habit disorders, 3) immature behaviors, 4) peer problems, and 5) insecure behaviors (Christophersen, 1984; Dinkmeyer and McKay, 1982; Schaefer and Millman, 1981). A wide variety of child behavior problems were sampled. Parental responses to child behavior problems fall into three categories: 1) never a problem, 2) sometimes a problem, and 3) frequently a problem.

The second section assesses the parenting style as defined by Baumrind (1971) as authoritarian, permissive, and authoritative. Authoritarian parents attempt to shape, control, and evaluate the child's behavior according to a set standard of conduct. Permissive parents behave in a nonpunitive, acceptant, and affirmative manner toward the child's impulses, desires, and actions. Authoritative parents direct their child's activities in a rational issue-oriented manner. A major revision in word choice and description length of Baumrind's categories (1971) was made to achieve an overall questionnaire readability level of below ninth grade level (Fry, 1978).

The third section of the parent questionnaire assesses the use of various resources parents look to for help in understanding and changing their child's behavior. This section assesses 1) the resources including books/magazines, friends, relatives, classes on parenting, pediatrician, other health professionals, that parents consult when faced with child behavior problems and 2) the expressed value of these resources.

Section four and five provide a more indepth view of the pediatrician as a parenting resource. Questions focus on: 1) whether parents do in fact consult pediatricians for nonmedical problems (i.e., trouble with bedtime, mealtime, or tantrums); 2) why a parent would not consult the pediatrician; 3) whether in the future the parent would consult the pediatrician when problems arise; and 4) how helpful pediatric care is for the seventeen child behavior problems listed. The helpfulness category includes three levels of helpfulness

(i.e., helpful, somewhat helpful, and not helpful) as well as a 'not applicable' column for parents who have not consulted their child's pediatrician about child behavior problems.

How parent and family characteristics and demographic information relate to selection of a pediatrician as a major resource for resolving child behavior problems is also of interest. A variety of questions are included, such as respondent's sex, education level, marital status, sex and ages of children, income level, occupation, and religious preference. Respondents' occupations were categorized according to Hollingshead (1958) four factor scale, expanded to include students, housewives, and retired and unemployed people. These variables listed on the parent's data questionnaire are used to describe resource selection including the pediatrician as a major resource for resolving child behavior problems.

The parent questionnaire was pretested in a Corvallis, Oregon pediatric office. Twenty parents were sampled and comments and suggestions were solicited. Pediatrician comments were also solicited. Adjustments in the questionnaire were made, including a reduction in the readability level to below the ninth grade level (Fry, 1978).

Pediatrician Questionnaire

The pediatrician questionnaire was also designed specifically for this exploratory research project (Appendix C). Its purpose is to allow characteristics of pediatrician training, education, experience, and practice to be related to pediatrician helpfulness as

reported by parents on the parent survey.

The first section of the pediatrician questionnaire assesses the daily practice of the pediatrician (i.e., number of patients per day and years in practice) which might affect the parents' ratings of the pediatrician. Other issues of interest include how often each day is the pediatrician is consulted by the parent concerning child behavior problems and how often the pediatrician asks the parent about behavioral concerns.

The second section assesses how comfortable the pediatrician feels in answering nonmedical questions related to child behavior problems. Comfort categories include "very comfortable", "somewhat comfortable", and "not very comfortable".

The third section asks about the pediatrician's personal background, including marital status and number of children, on the suspicion that personal experience of having children may be related to pediatrician helpfulness and comfort in consulting about child behavior problems. The fourth section assesses the pediatricians' medical education and training background. Educational background might also affect parent's perception of pediatrician helpfulness.

The fourth section asks the pediatricians where parents should go for information regarding understanding and changing their child's behavior. A five point bi-polar scale assessing resource appropriateness ranges from "very appropriate" to "not appropriate". Each pediatrician is also questioned on how responsible he or she feels towards providing printed resources for parents and making referrals.

Summary

Child behavior problems and resources were the major areas of investigation. First, the kinds of child behavior problems reported most often by parents were identified. Problem clustering was determined through a factor analysis. The resources parents tend to consult when faced with child behavior problems were also investigated and their value assessed.

Once the kinds of child behavior problems reported most often by parents and the selection of resources was determined, the use of pediatricians as resources for resolving child behavior problems were examined.

The Statistical Package for the Social Sciences (SPSS) was used to analyze all data. Descriptive statistics, including information on the frequencies, means and distributions of all variables were calculated. A series of ANOVA's determined the relationship between child and parent characteristics and assertive and reliant behaviors. Chi-square statistics were computed to assess the relationship between child, parent, family, and pediatrician characteristics and resource selection. Analyses reported in the next chapter address the factors related to the use of pediatricians for child behavior problems.

CHAPTER IV

RESULTS

Three research questions were investigated to ascertain the factors related to the use of pediatricians as resources for child behavior problems. First, the specific child behavior problems that are experienced most often by parents were determined. Frequencies and means disclosed the characteristics of the data. Through a principal component factor analysis, two prominent factors emerged. A series of ANOVA's determined the relationship between these factors and child and parent characteristics. Next, the resources parents tend to consult when faced with child behavior problems were identified and their value assessed. Chi-square statistics were computed to assess the relationship between resource use and child and parent characteristics.

Once the types of child behavior problems and patterns of resources had been determined, the third research question could be addressed. The role of the pediatrician in helping parents deal with their children's behavior was analyzed. Chi-square statistics were used to identify the child, parent, and pediatrician characteristics associated with the use of pediatricians as resources for parenting information.

Women represented a majority of the sample. Analysis of the variables separately for the women and total respondents indicated no differences in the findings. As a result, all respondents to the questionnaire were used in the report.

Determining the Frequency of Child Behavior Problems and Characteristics

The specific child behavior problems reported most often by parents were investigated. Every parent reported having experienced problems with one or more child behaviors. Table 2 reports the frequency of reported problems. A child's demand for attention was found to be the most frequently occurring child behavior problem as reported by parents (77%). The second most frequently reported problem was whining and crying (74%). Disobedience (71%), problems at bedtime (66%), and tantrums (58%) completed the top five child behavior problems reported most often by parents.

To determine if the child behavior problems cluster into identifiable themes, the 17-item scale was subjected to a principle components factor analysis (Kerlinger, 1973). Two factors emerged with a Eigenvalue greater than 1.0 on a varimax rotated factor matrix (Nie et al., 1970). Factor 1 represents assertive behaviors including arguing and talking back, disobedience, and destructiveness. Factor 2 represents reliant behaviors including bedtime, mealtime, and fearfulness. Table 3 summarizes the items in the scale whose factor loadings are .40 or greater. Six items (sibling rivalry, shyness, dressing, bedwetting, dependency, and toileting) were not included in either factor.

The next step examines the relationship between assertive and reliant-type behaviors as determined by factor scores and child background characteristics. Table 4 shows the child, parent, and family characteristics investigated in this study. A series of

TABLE 2

Percentages of Child Behavior Problems Reported

Child Behavior Problems	Frequency Percentage
Demands attention	77%
Whining/crying	74%
Disobedience	71%
Bedtime	66%
Tantrums	58%
Dependency	57%
Sibling rivalry	56%
Fearfulness	54%
Mealtime	53%
Shyness	50%
High activity level	50%
Aggression	48%
Dressing	37%
Bedwetting	26%
Destructiveness	23%
Toileting	18%
Argues/talks back	16%

TABLE 3

Varimax Rotated Factor Matrix:
Child Behavior Problems

Variable Name	Commu-nality	ASSERTIVE (eigenvalue 4.289)	RELIANT (eigenvalue 1.109)
Bedtime	.30	.335	.404
Mealtime	.28	.101	.459
Tantrums	.54	.372	.475
Aggression	.54	.646	.131
Demands attention	.33	.179	.497
Fearfulness	.30	.142	.419
Whining/crying	.42	.211	.454
High activity level	.45	.548	.231
Argues/talks back	.53	.555	.390
Disobedience	.59	.671	.260
Destructiveness	.37	.437	.065

TABLE 4

Frequency Distribution of Child, Parent, and Family Characteristics

Characteristic	Frequency	Percentage
CHILD		
AGE OF CHILD		
9 months to 1 year	24	12%
1 to 2 years	43	22%
2 to 4 years	63	31%
5 to 8 years	46	23%
9 to 13 years	24	12%
GENDER OF CHILD		
Girls	108	54%
Boys	92	46%
ORDINAL POSITION		
First child	90	45%
Subsequent child	110	55%
PARENT/FAMILY		
GENDER OF RESPONDENT		
Female	187	94%
Male	13	6%
EDUCATION LEVEL		
Some high school	6	2%
High school graduate	49	25%
Some college	77	39%
College graduate	48	24%
Graduate degree	20	10%
MARTIAL STATUS		
First marriage	142	71%
In a remarriage	27	13%
Divorced or separated	19	10%
Never married - single	12	6%

TABLE 4 (continued)

Characteristic	Frequency	Percentage
PARENTAL STYLE		
Authoritative	119	60%
Authoritarian	44	22%
Permissive	17	8%
No response	20	10%
FAMILY INCOME LEVEL (yearly)		
$ 4999 or less	17	9%
$ 5000 to $ 9999	4	2%
$ 10,000 to $ 19,999	25	13%
$ 20,000 to $ 29,999	60	30%
$ 30,000 to $ 39,999	46	23%
$ 40,000 to $ 49,999	22	11%
More than $ 50,000	21	11%
RELIGIOUS DENOMINATION		
Catholic	39	20%
Protestant	83	41%
Mormon	9	4%
Jewish	0	
Other	35	18%
None	33	17%
RACIAL OR ETHNIC BACKGROUND		
White	194	97%
Black	2	1%
Latin American	1	.5%
Oriental	1	.5%
Other	2	1%
RESPONDENT OCCUPATION		
Professional/Managerial	5	3%
Lower order managerial	54	27%
Skilled	43	22%
Semi-unskilled	12	6%
Housewife	73	36%
Retired	1	1%
Student	6	3%
Unemployed	3	2%

TABLE 4 (continued)

Characteristic	Frequency	Percentage
SPOUSE OCCUPATION*		
Professional/Managerial	21	11%
Lower order managerial	75	38%
Skilled	52	26%
Semi-skilled	18	9%
Housewife	0	
Retired	1	.5%
Student	2	1%
Unemployed		

*Not all respondents had spouses or reported on their spouse's occupation; therefore, frequencies and percentages reflect missing data.

ANOVA's were performed to assess the relationship between the child's age, gender, and ordinal position and reliant and assertive behaviors. As had been expected in hypothesis one, age of the child is found to be significantly related to the reliance factor (F = 4.11, df = 4, $p < .01$) and the assertiveness factor (F = 2.34, df = 4, $p < .05$). Younger children display more reliant behaviors while older children demonstrate more assertive behaviors.

Follow-up post-hoc tests on individual child behaviors such as problems at bedtime, whining and crying, arguing and talking back, and problems with toilet training were related to age. Table 5 summarizes the individual child behavior problems in relation to child, parent, and family characteristics. Reliant behaviors related to the child's age were reported less often than assertive behaviors. The child's gender and ordinal position are not significantly related to either. Conducting post-hoc tests, however, inflates type 1 error risk.

The extent to which parent and family characteristics relate to assertive and reliant child behaviors was addressed next. An ANOVA shows assertive child behaviors are associated with parent's marital status (F = 7.18, df = 3, $p < .001$). Parents who were never-married, divorced, or remarried were more likely to report assertive child behaviors. Lower income parents tended to report more assertive behaviors. Assertiveness is not associated with the parents' education level or occupational status. However, post-hoc analyses showed that when tested individually, several child behaviors are associated with child and parent characteristics. Specifically,

TABLE 5

Child Behavior Problems as Related to
Child, Parent, and Family Characteristics
(Results of Chi-square Tests of Independence)

Characteristic Comparison	df	χ^2
AGE OF CHILD		
Mealtime	8	30.24 **
Bedtime	8	22.80 *
Whining/crying	8	24.38 *
Sibling rivalry	8	30.04 **
Dressing	8	20.03 *
Disobedience	8	29.15 **
High activity	8	15.62
Fearfulness	8	17.20
Argues/talks back	8	41.33 **
Toileting	8	27.94 **
ORDINAL POSITION OF CHILD		
Sibling rivalry	6	17.63 *
MARITAL STATUS		
Bedtime	6	14.25
Tantrums	6	16.24
Aggression	6	22.98 **
High activity level	6	25.69 **
Argues/talks back	6	12.57
Disobedience	6	19.86 *
Destructiveness	6	15.90 *
EDUCATIONAL LEVEL OF PARENT		
Bedtime	8	15.76
Tantrums	8	36.66 **
Bedwetting	8	21.51 *
Toileting	8	20.60 *
Argues/talks back	8	17.86
Dependency	8	12.83
FAMILY INCOME LEVEL		
Aggression	16	30.02 *
Disobedience	16	32.58 *
Demanding Attention	16	35.94 *

TABLE 5 (continued)

Characteristic Comparison	df	χ^2
RESPONDENT OCCUPATION		
Mealtime	12	26.46
Aggression	12	21.37 *
SPOUSE OCCUPATION		
Fearfulness	10	20.43
High activity level	10	19.93

Note: All χ^2 -values reported are significant at $p < .05$.
* $p < .01$
** $p < .001$

parent's educational level is associated with child problems such as tantrums, bedwetting, arguing and talking back, and displays of dependency. Parents' occupation is related to acting out at mealtime, being aggressive, acting fearful, and high activity level. The reliance component of child behavior problems does not relate to any of the parent and family characteristics.

The child behavior problems which were not included in either assertive or reliant factors were examined next. Problems with toilet training are associated with the age of the child ($F = 27.94$, $df = 8$, $p < .001$), with children ages 2 to 4 experiencing problems which are age related. Parents with less educational attainment also reported toilet training problems with 2 to 4 year olds more often than other age groups ($F = 20.60$, $df = 8$, $p < .01$). Problems with the child dressing was reported most often by parents of two to four year olds ($F = 20.03$, $df = 8$, $p < .01$) as were problems with bedwetting ($F = 21.51$, $df = 6$, $p < .01$). A child's display of dependency was reported most often by parents with less than a high school education ($F = 12.83$, $df = 6$, $p < .05$). Sibling rivalry is most common for older children as compared to younger siblings ($F = 30.04$, $df = 8$, $p < .001$).

In summary, child behavior problems are found to cluster into two major categories representing assertive and reliant behaviors. All parents reported some problems with one or more child behaviors. Supporting hypothesis one, it is found that age of the child is significantly related to behavioral problems. Assertive behavior problems vary with the child's age and the parent's marital status.

Reliant behaviors relate only to the child's age are reported less often than assertive behaviors. The gender of the child and his or her ordinal position is not found to support hypothesis 1.

Identifying Resources Used by Parents

In determining the resources consulted most frequently by parents and the ascribed value of these resources, means and frequencies were computed and a series of chi-squares were analyzed. Of seven resources represented on Table 6, parents faced with behavioral problems turned to relatives (99%). Friends (98%) are the second most used resource, followed by books and magazines (95%), pediatricians (93%), parenting classes (65%), and other mental health professionals (48%). Fifteen percent of the parents marked "other" as a category for resources not listed on the questionnaire. Of written-in responses, 75% listed church or Bible and 25% listed past parenting experience.

How parents use resources in view of the types of child behavior problems they experience was examined according to assertive and reliant behaviors. Parents dealing with assertive child behaviors are most likely to consult a pediatrician ($F = 4.25$, $df = 4$, $p < .01$). Parents faced with reliant behaviors tended to turn to the pediatrician. Consulting a pediatrician as a parenting resource was also associated with the parent's perceptions that past advice had been helpful ($F = 11.07$, $df = 8$, $p < .05$).

TABLE 6

Percentages of Resource Use and Value

PARENTING RESOURCE	USE
Relatives	99%
Friends	98%
Books and magazines	95%
Pediatricians	93%
Parenting Classes	65%
Mental Health Professionals	48%
Other	15%

PARENTING RESOURCE	VALUE
Pediatricians	72%
Books and Magazines	60%
Friends	58%
Relatives	53%
Parenting Classes	42%
Mental Health Professional	33%
Other	14%

Value of Resources

The value of resources was next examined. Frequencies of the data revealed that a majority of the parents reported the child's pediatrician (72%) as a very valuable resource for dealing with child behavior problems. Books and magazines (60%) are second, followed by friends (58%), relatives (53%), parenting classes (42%), and mental health professionals (33%).

Books and magazines, although rated as valuable, are not found to be significantly related to child, parent and family characteristics even though 58% of parents reported using them. The use of a mental health professional was only reported by a third of the parents. Consulting with mental health professional, which is seen as less valuable than other resources, is also found to be not significantly related to child, parent or family characteristics.

Demographic Factors and the Use of Resources

In determining the relationship between child, parent and family characteristics and the types and perceived values of the resources consulted, a series of chi-squares were analyzed. Consulting the child's pediatrician is significantly related to the parent's educational level ($F = 10.87$, $df = 16$, $p < .05$). Supporting hypothesis 2 of the study, the higher the educational level of the parent, the more likely he or she is to consult pediatricians. Other child characteristics, including the age, gender, and ordinal position of the child, are not associated with the selection of resources.

Parent and family characteristics including family income, parenting style, marital status, and occupation are not found to be significantly related to the types and perceived values of the various resources consulted when faced with child behavior problems.

Using relatives as a parenting resource significantly relates to the respondent's educational level ($F = 28.77$, $df = 16$, $p < .05$). The lower the parent's educational level, the more likely he or she is to consult his or her relatives. Additionally, never-married parents find relatives to be more valuable than do parents who are divorced, remarried or in a first marriage ($F = 24.77$, $df = 12$, $p < .05$). Family income level is associated with the use of resources ($F = 57.73$, $df = 32$, $p < .01$). Parents with a lower income consulting their relatives more often. Finally, parents categorized with lower occupational status turn to their relatives when faced with child behavior problems more than do parents in high occupational positions ($F = 36.45$, $df = 28$, $p < .05$).

Consulting friends when faced with child behavior problems is found to be interrelated with respondents' educational level ($F = 28.16$, $df = 16$, $p < .05$) and the family's income level ($F = 58.92$, $df = 32$, $p < .01$). College educated parents and parents with higher income levels reported less use of friends when faced with child behavior problems.

This study finds a trend between marital status and attending parenting classes. Parents in a first-marriage or a remarriage are more likely to attended parenting classes than are divorced or never-married parents. The age and gender of the child, and the

parent's occupation are found to have no relationship with the resources parents consult when faced with child behavior problems. No relationship is found between the consulting of mental health professionals or reading books and magazines, and the child, parent, and family characteristics being investigated.

Parents turn to a variety of resources when faced with child behavior problems. Although relatives are consulted most often, it is the pediatrician which most parents find to be the most valuable.

This study, supporting hypothesis 2, finds that educational level, income level, and occupational status is associated with parents' selection of resources. Higher-educated parents are more likely to consult pediatricians. Similarly, parents who are less educated, hold lower status jobs and make less money tend to consult relatives and friends.

Determining Factors Associated with the Use of Pediatrician as a Parenting Resource

In determining what factors are associated with the use of pediatricians as a parenting resources, frequencies and means were identified and a series of chi-squares were analyzed. Table 7 shows the pediatrician characteristics investigated in this study, including number of patients per day, number of years in practice, parental status, and perceived responsibility for resource referral. Half of the parents when surveyed about the past year reported asking their pediatrician about problems related to their child's behavior. Consulting the pediatrician about behavioral problems is found to be

TABLE 7

Frequency Distribution of Pediatrician Characteristics

Characteristic	Frequency	Percentage
NUMBER OF PATIENTS A DAY		
21 to 29	4	40%
30 to 39	5	50%
40 to 49	1	10%
NUMBER OF YEARS IN PRACTICE		
1 to 5	2	20%
6 to 15	6	60%
16 to 25	2	20%
NUMBER OF TIMES A DAY PEDIATRICIAN IS ASKED ABOUT CHILD BEHAVIOR PROBLEMS BY PARENTS		
1 to 5 times a day	2	20%
6 to 10 times a day	5	50%
11 to 15 times a day	2	20%
16 to 20 times a day	1	10%
EDUCATIONAL BACKGROUND (non-exclusive)		
Clinical training through rotation	5	50%
Residency in child development setting	3	30%
Workshops or classes since medical school	2	20%
No specific classes in medical school	4	40%
MARITAL STATUS		
First marriage	8	80%
In a remarriage	1	10%
Never married - single	1	10%
PARENTAL STATUS		
No children	1	10%
One child	1	10%
Two children	2	20%
Three children	6	60%

TABLE 7 (continued)

Characteristics	Frequency	Percentage
PEDIATRICIAN PERCEPTION OF RESOURCE APPROPRIATENESS		
Books/magazines		
Very appropriate	6	60%
Somewhat appropriate	4	40%
Relatives		
Very appropriate	3	30%
Somewhat appropriate	5	50%
Not appropriate	2	20%
Pediatrician		
Very appropriate	10	100%
Friends		
Very appropriate	3	30%
Somewhat appropriate	6	60%
Not appropriate	1	10%
Classes on parenting		
Very appropriate	10	100%
Mental health professional referral		
Very appropriate	9	90%
Not appropriate	1	10%

TABLE 7 (continued)

Characteristics	Frequency	Percentage
PEDIATRICIAN'S SENSE OF RESPONSIBILITY TO PROVIDE INFORMATION TO PARENTS		
Books/magazines		
Responsible	10	100%
Parenting classes		
Responsible	10	100%
Referral to other professional		
Responsible	10	100%
Distribute pamphlets		
Responsible	8	80%
Not responsible	2	20%
Information on child development issues		
Responsible	10	100%
Advice on how to deal with child behavior problems		
Responsible	10	100%

associated with the age of the child visiting the pediatrician (F = 10.72, df = 16, $p < .05$). Parent's questions about his or her child peak between age 2 and 4. Parent's perceptions that pediatrician advice has been helpful increase with the child's age (F = 27.81, df = 16, $p < .05$). Other child, parent and family characteristics, including the child's gender and ordinal position, the parent's style of parenting, educational level, family income, and marital status, and are not found to relate to the selection of a pediatrician as a major source for resolving child behavior problems.

Pediatric practice characteristics, including whether or not pediatricians initiate child behavior questions, were assessed through chi-square analysis. Pediatricians who ask about parental concerns are viewed as more helpful (F = 13.87, df = 4, $p < .01$). In addition, parents who perceived their pediatrician's advice to be helpful in the past are more likely to consult a pediatrician in the future (F = 22.53, df = 8, $p < .01$).

In summary, consulting a pediatrician when faced with child behavior problems is significantly related to the age of the child, whether past advice was perceived as helpful and whether the pediatrician asks the parent during an office visit about any child behavioral concerns. Overall, parents who tend to consult their child's pediatrician about behavioral problems feel that they would in the future consult the pediatrician when faced with child behavior problems.

The Influence of Pediatrician Education and Background

Education and background as pediatrician characteristics were analyzed in connection with the use of pediatricians as resources for child behavior problems. Pediatrician views of resource appropriateness were also examined. The preceding characteristics are significantly related to whether the parent consults the pediatrician when faced with child behavior problems. Pediatricians with too few or too many patients are not consulted as often as pediatricians serving an average of 30 to 39 patients a day (F = 11.87, df = 4, $p < .05$). Similarly, pediatricians with an average of 6 to 15 years of experience are consulted most often (F = 6.41, df = 2, $p < .05$). Pediatricians who are parents are more likely to be consulted about child behavior problems than are childless pediatricians (F = 10.76, df = 2, $p < .05$).

Parent Education Responsibility Felt by Pediatricians

Overall, pediatricians who reported having a sense of responsibility toward providing information are perceived by parents as more helpful than pediatricians who do not feel this responsibility. This trend holds for the provision of information through books and magazines (F = 17.94, df = 8, $p < .05$), the distribution of pamphlets discussing child management (F = 26.55, df = 12, $p < .01$), and referrals to parenting classes and other health professionals (F = 9.58, df = 4, $p < .05$; F = 9.58, df = 4, $p < .05$, respectively).

Pediatrician Educational Background and Current Practice

In determining the relationship between pediatrician background and practice and the use of the pediatrician as a parenting resource, means and frequencies were computed. Pediatric education, whether it involves no specific child behavior management and development training or clinical training in a child development setting, is not significantly related to parents' perceptions of the helpfulness of the pediatrician. Further investigation through chi-square analysis could not be calculated with a pediatrician sample size of 10. As a result, this study cannot investigate a relationship between pediatrician educational background and current practice procedures and the use of pediatricians as resources for child behavior problems.

Supporting hypothesis 3 of this study, pediatrician characteristics including the number of patients per day, the number of years in practice, and parental status are significantly related to whether parents have consulted the pediatrician about their child's behavior in the past. However, these characteristics are not found to relate to parent's perceptions of the pediatricians helpfulness. The pediatrician's sense of responsibility toward providing parents with information is associated with his or her perceptions of pediatric helpfulness.

Summary

Determining the frequency and clustering of the child behavior problems, parents' reports about child behaviors were subjected to a

principal component factor analysis. Two factors emerge representing assertive and reliant behaviors. Assertive behaviors vary with the child's age and the parent's marital status. Reliance is associated solely with the child's age. All parents reported some problems with one or more child behaviors. Supporting hypothesis 1, age of child is significantly related to assertive and reliant behaviors. Younger children were more likely to display reliant behaviors, while older children display more assertive behaviors. However, reliant behaviors were reported less often than assertive behaviors. Types of child behavior problems were tested individually through post-hoc analysis: many are interrelated with child, parent and family characteristics including marital status and income level. It should be noted that conducting post-hoc analysis increases the chance of type 1 error.

Identifying the various resources parents consult when faced with child behavior problems provides insight into the factors surrounding the use of pediatricians as resources for child behavior problems. Parents consult a variety of resources when faced with their child's behavioral problems. Relatives is the most frequently reported resource. As expected, parents with lower educational attainment and income level are more likely to consult relatives than are parents who are more educated or earned a higher income. Consulting a pediatrician is rated fourth after consulting relatives, friends, and reading books and magazines. Pediatricians, however, are rated as the most valuable resource.

Several child, parent and pediatrician factors were identified as associated with the use of pediatricians as a parenting resource. Parents with children between age two and four were most likely to consult pediatricians. Parent's perceptions that pediatrician's advice had been helpful increased as the child grew older. Consulting a pediatrician was significantly related to whether past advice concerning child behavior problems had been helpful. As expected, college educated parents were more likely to consult pediatricians than were parents with less than a college education.

Pediatricians, who were parents themselves, who served 30 to 39 patients per day, and who had 6 to 15 years of experience were most likely to be consulted by parents. The pediatricians' sense of responsibility toward providing parents with information was also significantly related to parents' perceptions of their helpfulness.

The next chapter incorporates the findings of this study into the body of literature. In addition, implications for further study will be discussed as will the limitations of the study.

CHAPTER V

DISCUSSION AND CONCLUSIONS

This study identifies two clusters of child behavior problems, assertive and reliant. The extent to which parents use resources, depending on the child behaviors, have been explored. Specifically analyzed were determinants of consulting a pediatrician. Although pediatricians were ranked fourth in overall use, parents ranked them as the most valuable resource for resolving child behavior problems. Child behaviors are found to be associated with consulting the pediatrician. While a majority of the behaviors reported to pediatricians are assertive in nature, reliant behaviors occurred more frequently. Pediatricians are more likely to be consulted if they solicited child behavior questions from the parents and if their previous advice was perceived as helpful.

In this chapter, results pertaining to the types of child behavior problems are reviewed and interpreted in light of the literature. Discussion of the various parenting resources follows, providing the background necessary to assess the factors related to the use of pediatricians as resources for child behavior problems.

Determining the Factors Related to the Use of Pediatricians as Resources for Child Behavior Problems

Evidence of Child Behavior Problems

As reported in the last chapter, several child, parent, family, and pediatrician characteristics relate to the use of pediatricians as resources for child behavior problems. The first of these is the

type of child behavior problems parents experience. Medical and parenting literature portray parents as concerned with their child's behavior (Christophersen, 1983; Ginott, 1965; Gordon, 1975; Hickson, 1983; Kanoy and Schroeder, 1985; MacPhee, 1984; McMillan, 1984; Stoltz, 1967).

This study reveals that the most common child behaviors reported by parents are demanding attention, whining and crying, and disobeying (respectively). These problems can be characterized as occurring frequently and being perceived as annoying to parents. Parenting and medical literature however, view problematic toilet training as one of the most common child behavior problems faced by parents (Christophersen, 1983; Kanoy and Schroeder, 1985; Ryberg and Merrifield, 1984). Other child behaviors commonly mentioned in the literature include problems at bedtime, sibling rivalry, anger and aggression. The contradiction in findings suggests differences in behavioral perceptions. The literature concentrates on less frequently occurring behaviors which may be regarded as more intense. Behaviors such as problematic toilet training generally occur over a relatively short period of time. In this study of 200 parents, however, frequently occurring behaviors such as tantrums are viewed as more problematic than, for example, bedtime problems, which occur less often. These findings suggest that it is the frequency of the problem that determines whether parents view the behavior as a problem or not.

Past research conducted on child behavior problems has not addressed whether any behavioral problems cluster into identifiable

themes. For example, The Child Behavior Checklist assesses 118 child behavior problems; however, the child age range is limited (Achenbach and Edelbrock, 1983). This study reveals that behaviors generally can be identified as assertive or reliant. Assertive behaviors include displaying aggression, exhibiting high activity level, arguing and talking back, and being disobedient and destructive. Reliant behaviors include acting up at bedtime and mealtime, throwing tantrums, demanding attention, acting fearful, and whining and crying. Schaefer and Millman (1981) identified child behavioral problems that group according to age related activities, including peer problems and insecure behaviors. Both types of behaviors relate to the age of the child, with younger children demonstrating more reliant but fewer assertive behaviors. Reliant behaviors occur more often than assertive behaviors. The following section identifies the child, parent and family characteristics as related to reports of their child's behavior.

The age of the child is associated with the problems reported most often by parents. MacPhee (1984) reported on normal child development stages as related to child behavior problems. With the emergence of toddlerhood, the problems related to infancy, including crying and sleeping become less problematic. However, a new stage begins in which exhibiting activity levels and throwing tantrums become more bothersome. Reliant behaviors were reported more often by parents of 2- to 4-year-olds than by parents of older or younger children. Younger children often are not at a developmental level in

which they display these behaviors (Ilg and Ames, 1955; Samuel and Samuel, 1979; Schaefer and Millman, 1981). Older children demonstrate behaviors which involve more displays of independence and searching for identity (Madsen and Madsen, 1975). This research study suggests that assertive behaviors exhibited by children increase as the children age. These results support parenting literature distinguishing child behavior problems by the ages of the children (Ilg and Ames, 1955; MacPhee, 1984; Schaefer and Millman, 1981; Schroeder, 1979).

Results from this study reveal that the parents' marital status and income level are significantly related to parent's reports of assertive behaviors. Married parents reported less assertive behaviors than did single, divorced or remarried parents. Similarly, the lower the family income level, the more likely they are to perceive their children's behavior as assertive. Reliant behaviors are not shown as being related to the parents' marital status or income level.

In this study, the children's gender and ordinal position are not related to the parents' perceptions that their children's behavior is problematic. Approximately half of the parents reported on their daughters' behavior (54%), while the remainder of the sample reported on their son's behavior. Boys are not found to exhibit more behavioral problems than girls. When ordinal position is investigated, it is found that families with one child (45%) are not significantly different from families with two of more children. Past research differs on the role of gender and ordinal position. In

reviewing birth order literature, Steelman and Powell (1985) found a multitude of inconsistencies due to the failure to take compounding factors into account, including family size. Gender, however, a is widely studied issue that has been related in earlier literature, to the types of child behavior problems parents face (Baumrind, 1971). This study contrasts with earlier literature since gender and ordinal position are not significantly associated with child behavior problems.

Tested individually, several child and parent/family characteristics relate to specific child behavior problems. Post-hoc statistical analysis was used to conduct an exploratory investigation of specific child behavior problems. The age of the child is related to numerous behavioral problems including whining and crying, acting fearful, and experiencing difficulties with toilet training. It supports the medical and parenting literature that these behaviors are developmentally based (Ilg and Ames, 1955; MacPhee, 1984; Schaefer and Millman, 1981). Behaviors occurring between 2 and 4 years of age include whining and crying, operating at a high activity level, acting fearful and experiencing difficulties with toilet training. Older children exhibit behaviors like talking back and destructiveness. The parents' educational attainment level, occupation, style of parenting, and religious denomination are not significantly related to their perceptions of their children's behaviors as assertive or reliant. Past research on child behavior problems, however, has failed to acknowledge the role of parent characteristics, including the parents' marital status, income level,

educational attainment level, and occupation in relation to their perceptions of the child's behavior.

Parental status is found to relate to several individually-listed child behavior problems, including bedtime problems, tantrums, aggression, and destructiveness toward people and things. For most of these problems, parents who have never been married, divorced or involved in a remarriage are more likely to perceive these behaviors as problematic. According to the literature on divorce, this situation could be due to the multitude of special problems surrounding a change in marital status. Furstenberg and Spanier (1984) report that given sufficient time, most children and parents are able to adjust to changes in lifestyle. Meanwhile, parents in transition may find it difficult to clearly assess their lives and their children's lives. Parents involved in first marriages are less likely to view these behaviors as problematic.

Family income level is found to significantly relate to parents' perceptions that their child is demanding attention, disobeying parental requests or being aggressive. The lower the family's income level in general, the more likely the parents are to perceive their child as displaying these behaviors.

Even though the respondents' and their spouses' occupations are not associated with assertive or reliant behaviors, both were found to relate to specific child behavior problems when post-hoc statistics were analyzed. The respondent's occupation relates to problems at mealtime and aggressive behaviors. Similarly,

respondents' and their spouses' lower occupational levels are linked to reports of fearfulness and high activity.

The parents' style of parenting is not associated with parents' perceptions that their children's behavior is problematic. These findings fail to support Baumrind's (1971) study on parenting styles as associated with child management techniques.

In summary, the child behavior problems described in the medical and parenting literature are not found to represent the problems parents experience. Behaviors that are perceived as annoying, negative and frequently occurring, including throwing tantrums and demanding attention, were the mostly likely to be reported. Behaviors occurring less often are often not perceived by parents as a problem. Child behavior problems as perceived by parents, are found to cluster into identifiable themes according to common characteristics. While both assertiveness and reliance is associated with the age of the child, reliance is not linked to any other child or parent/family characteristic. Assertiveness relates to the parents' marital status and income level. When post-hoc statistics were conducted on each child behavior problem with regards to child, parent, and family characteristics, numerous relationships were discovered. Often these behaviors are related to the child's developmental stage.

Resources Used by Parents

This study finds that parents do not always consult the resources that they perceive as the most valuable. Supporting past research, it is found that most parents tend to consult their

relatives, friends, or books and magazines before consulting their pediatricians (McMillan, 1984; Schaefer and Millman, 1981; Spock, 1986; Stoltz, 1967). This study reveals that in assessing value of resources, parents rate the pediatrician as the most valuable resource. These results might be influenced by the setting of data collection, which was pediatric offices. The second most valuable resource is literature (books and magazines), followed by friends, relatives and parenting classes. Few parents consult other mental health professionals and identify them as helpful.

These findings suggest that parents often consult parenting resources that are convenient, turning to relatives and friends before actively searching out parenting professionals. Using some resources could be as easy as locating a parenting manual or talking to a neighbor over the back fence. In contrast, consulting a pediatrician about child behavior problems may require planning and patience. Parents with a frequently occurring or annoying behavior may not feel they can wait, and turn to other resources. Others problems may be connected with physical problems for which consulting a pediatrician would be necessary. Additionally, the cost incurred by consulting a pediatrician is often greater than consulting other resources. Even though relatives and friends are consulted the most often, this study suggests that parents do not necessarily consider them knowledgeable. Books and magazines contain information and advice from individuals who are perceived as "experts," since their advice is in written form. Parents, on the basis of this study, see the most value in personally consulting an expert like a

pediatrician. Findings from this study show that parents faced with assertive child behaviors are more likely to use pediatricians, and perceive them as more valuable.

Parent Characteristics and Use of Resources

This study finds use of relatives is related to the parents' educational attainment level, marital status, income level and occupation. The lower the income, educational attainment, and occupational status of the parent, the more he or she tends to consult relatives and view them as useful. A never-married parent is the most likely to use and value the suggestions made by relatives. Parents in a first marriage are less likely to use and value relatives.

Parents ranked friends after relatives in resource selection. College educated parents are less likely to consult friends than are parents who have attained only a high school degree. Parents in higher income levels consult friends less often, as do parents in the lowest income level (less than $5,000). Parents in higher incomes may turn to other resources not readily available to lower income parents. However, this finding suggests that the parents earning less than $5,000 may not be involved in extra-familial support systems. What friends they have may not be supportive resources, because they may also be stressed and not free from drain (Garbarino and Sherman, 1980).

Parenting classes, although very popular, are not among the most frequently used resources, nor are they highly valued. Even though

attendance at parenting classes is not found to relate to the parent's educational attainment, parents involved in a change in marital situation are more likely to attend and value parenting classes. This trend may be the result of the special problems related to change in marital status (Furstenberg and Spanier, 1984). Reading books and magazines and consulting mental health professional is not associated with child, parent, and family characteristics.

Child, parent, and family characteristics were analyzed to assess their relationships with the selection of a pediatrician in solving child behavior problems. Findings from this study indicate that parents are most likely to consult pediatricians about child behaviors occurring between ages 2 and 4 years of age. Consequently, the parents' perceptions of the pediatricians' advice as helpful increases as the child ages. These findings reveal that many problems may be linked to developmental stages in which the child changes rapidly (Ilg and Ames, 1955). For example, toilet training can not occur until the child can physically walk over to the potty seat or toilet (Christophersen, 1983).

Other child, parent, and family characteristics, including the child's gender and ordinal position, the parents' style of parenting, income, and marital status, are not found to relate to the selection of a pediatrician as a major source for resolving child behavior problems.

In summary, parents are more likely to turn to parenting resources that are convenient, such as relatives, friends or books and magazines. Parents, however, rated pediatricians as more

valuable than other parent education resources. This study suggests that parents' marital status, income level and educational attainment are related to the selection of various resources when parents are faced with child behavior problems.

Pediatrician Education, Background, and Practice

Pediatrician education, background, and practice are associated with the use of pediatricians as a parenting resource. Supporting research conducted by Korsch et al. (cited in MacPhee, 1984), it is found that various pediatrician characteristics are associated with selection of pediatricians as parenting resources. For example, pediatricians who solicit parental concerns are more likely to be consulted. Parents perceptions that pediatrician's past advice was helpful relates to their consulting a pediatrician. It seems that pediatricians who take the time to inquire about parents' concerns are more likely to be perceived as helpful. Parents who perceived their pediatrician's advice as helpful in the past are more likely to assert that they would consult pediatricians in the future.

These findings support the belief that parents seek pediatricians who have special knowledge about child behaviors and who actively try to aid and educate parents concerning behavioral issues (Deisher et al., 1965; McCure et al., 1984; Young et al., 1985). Pediatricians need to establish a rapport with parents if they are interested in being active participants in helping parents resolve child behavior problems. Developing a rapport, however, is not the only pediatrician characteristic that relates to the use of

pediatricians as resources for resolving behavioral problems. The pediatrician's education and background must also be assessed.

How pediatricians handle parental concerns varies with how they perceive their role, and with their educational backgrounds, and interest areas. How pediatricians handle their practices also is important. Pediatricians who serve less than 30 or more than 40 patients are not consulted by parents about child behavioral issues as often as pediatricians who maintain an average of 30 to 39 patients per day. There may be similarities in the practice of pediatricians who see very few or very many patients. Pediatricians with too few patients may be on shortened time schedules, thus making themselves somewhat inaccessible to parents faced with behavioral problems.

Pediatricians who have worked an average of 6 to 15 years are more likely to be consulted by parents than are pediatricians with less than 6 years or more than 15 years of experience. Parents often may not be aware of the pediatrician's years in practice. If parents view experience as important, they may rely on the age of the pediatrician as a sign of experience. Pediatricians perceived as too young or too old may not be consulted.

Pediatricians who feel responsible for providing the parents with information including, pamphlets, and referrals to books and magazines, parenting classes and other health professionals, are perceived by parents as being more valuable. These findings support the research conducted by Young and colleagues (1985) which indicates

that parents seek pediatricians who feel responsible to educate parents about their children's behaviors.

In summary, pediatricians are viewed by parents as the most valuable resource. Various pediatrician characteristics, including education, background, and practice, are associated with parents' perceptions of their value. Pediatricians who take the time to inquire about parents' concerns, develop a rapport, and who feel responsible for delivering or referring parents to other resources are perceived as more valuable.

Conclusions

This study is descriptive in nature. It attempts to assess a wide range of child, parent, family, and pediatrician characteristics in relation to the use of pediatricians as resources for child behavior problems.

The first question explores the specific child behavior problems reported most often by parents and finds assertive and reliant behaviors cluster together. The most common behavioral problems are demanding attention, whining and crying, being disobedient, acting out at bedtime and throwing tantrums. In line with the first hypothesis, age of the child is associated with parents' perceptions of child behavior problems; however, the child's gender and ordinal position are not related.

The second question explores what resources parents use and value when faced with child behavior problems. Relatives are the most widely used resources. Parents perceive pediatricians as the

most valuable resource. Supporting hypothesis 3 of this study, parents who have attained higher educational levels are more likely to consult pediatricians. Parents who were less educated, hold a lower status job, or make less money are more likely to consult their relatives and friends.

The third research question assesses the child, parent, and pediatrician characteristics related to the use of pediatricians. It was expected that the more years of experience and the lighter the patient load, the more parents would consult pediatricians. Instead, parents' reports show curvilinear results. The pediatricians' concerns for helping parents, through devoting time to behavioral concerns, developing rapport and referring parents to other resources, are significantly related to the degrees to which parents consult pediatricians about with child behavior problems.

Limitations of the Study

The results of the present study provide several significant findings regarding the factors related to the use of pediatricians as resources for child behavior problems. However, certain limitations were encountered.

Sample. The non-random sampling technique employed in this study limits the generalizability of the findings. The study design attempted to broaden the generalizability of the sample through selecting a large sample (n = 200) and sampling pediatric offices varying in size and location. All pediatricians agreed to

participate. The sample was self-selected, but only 7 of the parents questioned refused to participate. The process of self-selection does not offset the lack of random selection of respondents however.

Instruments. The instruments to assess the kinds of child behavior problems reported most often by parents, the resources they consult, and pediatrician self-reports were researcher-designed. Due to the exploratory nature of the design, reliability and validity are not able to be determined. In addition, the reading level reduced to the ninth grade level may not be low enough for all parents responding.

Setting. Conducting research about pediatricians in pediatric offices might influence parents' responses. For example, most parents expressed the belief that pediatricians are the most valuable resource. This finding needs to be replicated by data collected in other settings. Questionnaire length, limited to a completion time of 10 to 15 minutes, may have been perceived by parents as too long, perhaps resulting in hurried, incomplete or inaccurate responses in anticipation of the pediatric appointment.

Due to the limitations of this study, results should be interpreted with caution and used primarily to direct the focus of future studies.

Implications for Further Research

This study on the factors related to the use of pediatricians as resources for child behavior problems should be explored further.

Specifically, a reliable and valid instrument to assess the child, parent, family, and pediatrician characteristics related to the use of pediatricians needs to be developed. This study provides the first step for further study in the area of child behavior problems and where parents turn for advice. Instruments developed for this exploratory study can now be revised and implemented to gain additional information. There is no easily-administered instrument presently available to investigate "normal" child behavior problems in children of all ages.

Research focusing on the kinds and clustering of child behavior problems would be worthwhile. For example, even though aggression and tantrums cluster to represent assertive behaviors, to what extent do they co-occur? Is the child aggressive without throwing a tantrum and visa-versa? Identifying the behavioral problems provides a foundation for understanding what resources parents consult and for what reasons.

Conducting face-to-face interviews would allow a more comprehensive intake of data, which is important in descriptive research. Open-ended interviewing would allow for the collection of qualitative data. A researcher could ask what resources parents might use under a series of case studies. For example, what if your child was having problems with bedwetting? At what point would you look to outside resources for help? What resources would you consult?

Gathering behavioral data on a day to day basis would be beneficial. Observing child behaviors in the home setting would

allow for behavioral data to be collected, providing insight into the dynamics of the family. In addition, with high inter-rater reliability, actual rather than perceived child behaviors can be analyzed. Obviously, such a procedure would be expensive and, for some child behavior problems, involve a large number of observations. Collecting behavioral data on a day-to-day basis could provide valuable information on how parents proceed through the search for resources to consult when faced with child behavior problems.

This study provides important implications for pediatricians in their daily practices. Not only do these findings reveal what parents are concerned about, they also provide evidence on what pediatricians can do to help parents more effectively. For example, this study finds that pediatricians who solicit parental concerns are more likely to be consulted by parents faced with child behavior problems than pediatricians who do not solicit concerns. Implementing the findings of this study, for the pediatrician, means serving parents in ways which benefit parents as well as his or her practice.

In summary, this study has produced preliminary findings on parents' perceptions of child behavior problems and the resources parents tend to consult for solving these problems. The factors related to the use of pediatricians as resources in child behavior problems have been discussed. These findings add considerably to the medical and parenting literature. In addition to broadening our knowledge base, this study has important implications for improving the effectiveness of parenting educators, including pediatricians.

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APPENDICES

APPENDIX A

PEDIATRICIAN LETTER

_____, 1986

_____, MD.

_____

_____, Oregon 97331

Dear Dr. _____,

One of the most important activities of pediatricians is patient education and counseling, according to a recent article in Pediatrics by Edward E. Bartlett, M.D. Research studies have found that pediatricians spend more than one-third of their direct patient care time in patient education and counseling, including guidance information regarding child development and discipline. What is the nature of the guidance questions that pediatricians are asked? The answer to this question would benefit you by providing you with a better idea of patient concerns and needs.

We have developed a survey which explores the question of parent education, by addressing: 1) the common behavior problems parents are experiencing, and 2) to whom concerns are expressed. We are requesting the participation of ten pediatricians in Albany and Salem. Your investment in this study would be, over a three-day period, to allow parents to fill out a short questionnaire while they wait for their children's appointments. The questionnaire will take them approximately ten to fifteen minutes to complete. If you agree to participate, we will provide your office with questionnaires to distribute to parents when they check in, an envelope to put the finished questionnaires in, and pencils for the parents to use. I will return throughout the three day period to collect the completed questionnaires. All patient's responses will be totally anonymous with parents and pediatricians assigned a code number. At the conclusion of this research study I would be happy to meet with you to discuss the results.

I am a graduate student working on my masters in Human Development and Family Studies at Oregon State University. This study has been reviewed and approved by an Oregon State University Graduate Committee and is being conducted under the supervision of my advisor Dr. Anisa Zvonkovic. I will be contacting you later this week to discuss any questions you might have. I am looking forward to visiting with you.

Sincerely,

Laura L. Jones

Dr. Anisa Zvonkovic, Advisor

APPENDIX B

PATIENT SURVEY

Dear Patients,

Pediatricians and other health professionals are currently exploring the extent to which they engage in patient education and counseling. This questionnaire addresses the following concerns: 1) What are the common behavioral problems parents experience with their children?, and 2) To whom do parents address their concerns?

This study is being conducted by Laura L. Jones, a graduate student in the Human Development and Family Studies at Oregon State University. Your responses to this questionnaire will be totally anonymous and will be used in the completing and publishing of a master's thesis. Your pediatrician will also be informed of the general results. Thank you for your help. Please place the completed questionnaire in the folder provided.

AGE OF THE CHILD VISITING THE DOCTOR TODAY:_____
Please consider this child when answering the following questions.

1. To what extent does your child experience problems with following? Please circle one number for each item.

	Never a problem	Sometimes a problem	Frequently a problem
a. bedtime (e.g., getting in bed, staying in bed)	1	2	3
b. mealtime	1	2	3
c. tantrums	1	2	3
d. aggression (e.g., biting, hitting, fighting)	1	2	3
e. bedwetting	1	2	3
f. demanding attention	1	2	3
g. fearfulness	1	2	3
h. whining/crying	1	2	3
i. shyness	1	2	3
j. high activity level	1	2	3
k. dependency	1	2	3
l. sibling r;ivalry (e.g., fighting among children)	1	2	3
m. toileting	1	2	3

	Never a problem	Sometimes a problem	Frequently a problem
n. argues/talks back	1	2	3
o. dressing	1	2	3
p. disobedience	1	2	3
q. destructiveness	1	2	3

2. Circle the letter below that best describes your beliefs about parenting and child management.

   A. You want the child to respect authority, accepting your word for what is right. You attempt to change the behavior and attitudes of the child in accordance with a set standard of conduct.

   B. The child is allowed to direct his/her own activities as much as possible. As a parent you see yourself as a resource for children, not trying to change ongoing or future behavior.

   C. You direct the child's activities in an issue-oriented manner. You encourage verbal give and take and shares with the child the reasoning behind the policy.

3. The following list includes places parents look for help in understanding and changing your child's behavior? How valuable is each source to you? Circle the number that describes its value. (If you have not used a resource, please check not applicable - NA)

	Valuable				Not Valuable	NA
Books/magazines	1	2	3	4	5	___
Friends	1	2	3	4	5	___
Relatives	1	2	3	4	5	___
Classes on parenting	1	2	3	4	5	___
Pediatrician	1	2	3	4	5	___
Mental health professional (counselor, psychologist, etc.)	1	2	3	4	5	___
Other_____	1	2	3	4	5	___

4. In the past year, have you asked your pediatrician about non-medical problems related to your child's behavior (eg., trouble with bedtime, mealtime, tantrums, etc.)?

Yes_____ No_____

5. If you reponded no to question 4, why did you decide not to ask? (check all that apply)

_____a. you felt your doctor was too busy
_____b. you felt too embarrassed
_____c. you did not think your doctor was the right person to offer assistance about your child's behavior
_____d. you felt your doctor would not be helpful
_____e. Other. Please specify_____

6. To what extent do you agree with the following statements? Please circle the one number that most clearly reflects your opinion or check not applicable - (NA).

A. In the past when I have had questions about my child's behavior, I ask my doctor.

Strongly disagree		Neither agree nor disagree		Strongly agree	NA
1	2	3	4	5	__

B. Overall, my doctor's advice about my child's behavior has been helpful.

Strongly disagree		Neither agree nor disagree		Strongly agree	NA
1	2	3	4	5	__

C. During routine office visits my doctor asks me about my child's behavior.

Strongly disagree		Neither agree nor disagree		Strongly agree	NA
1	2	3	4	5	__

D. In the future I would ask my doctor for advice about my child's behavior.

Strongly disagree		Neither agree nor disagree		Strongly agree	NA
1	2	3	4	5	__

7. The following list includes child behavior problems commonly described by parents. If you have discussed any of these problems with your pediatrician, please circle the number that best describes his/her helpfulness. If not applicable, check (NA).

	Helpful	Somewhat helpful	Not helpful	NA
a. bedtime (e.g., getting in bed, staying in bed)	1	2	3	
b. mealtime	1	2	3	
c. tantrums	1	2	3	
d. aggression (e.g., biting, hitting, fighting)	1	2	3	
e. bedwetting	1	2	3	
f. demands attention	1	2	3	
g. fearfulness	1	2	3	
h. whining/crying	1	2	3	
i. shyness	1	2	3	
j. high activity level	1	2	3	
k. dependent	1	2	3	
l. sibling rivalry (e.g., fighting among children)	1	2	3	
m. toileting	1	2	3	
n. argues/talks back	1	2	3	
o. dressing	1	2	3	
p. disobedience	1	2	3	
q. destructiveness	1	2	3	

PARENT'S DATA QUESTIONNAIRE

1. Your sex: _____female _____male

2. Schooling completed:
   _____some high school
   _____high school graduate
   _____some college
   _____college graduate
   _____graduate degree

3. Present marital status:
   _____first marriage
   _____in a remarriage
   _____divorced or separated
   _____widowed
   _____never married - single

4. Ages of children living with you:

   Girls: _____ _____ _____ _____ _____
   Boys: _____ _____ _____ _____ _____

5. What best describes your family's income for the past year?

   _____2,999 or less
   _____3,000 to 4,999
   _____5,000 to 9,999
   _____10,000 to 14,999
   _____15,000 to 19,999
   _____20,000 to 24,999
   _____25,000 to 29,999
   _____30,000 to 34,999
   _____35,000 to 39,999
   _____40,000 to 44,999
   _____45,000 to 49,999
   _____more than 50,000

6. What is your religious preference?

   _____Catholic _____Jewish _____Mormon
   _____Protestant _____Other _____None

7. Your racial or ethnic background:

   _____Black _____White _____Other
   _____Latin American _____Oriental

8. What is your occupation?

9. If applicable, what is your spouse's occupation?

10. Name of the pediatrician you are visiting:

APPENDIX C

PEDIATRICIAN SURVEY

1. On average how many patients do you see a day? _____

2. Number of years in practice _____

3. How many times a day on average are you asked by your patient's parents about child behavior problems? (See list below for examples of child behavior problems) _____

4. Concerning all of your patient's parents, how many ask you questions concerning their child's behavior?

Almost all of the parents		Some of the parents		Almost none of the parents
1	2	3	4	5

5. To what extent do you feel comfortable answering the following questions concerning child behavior problems.

	Very comfortable	Somewhat comfortable	Not very comfortable
a. bedtime (getting in bed, staying in bed)	1	2	3
b. mealtime	1	2	3
c. tantrums	1	2	3
d. aggression (biting, hitting, fighting)	1	2	3
e. bedwetting	1	2	3
f. demanding attention	1	2	3
g. fearfulness	1	2	3
h. whining/crying	1	2	3
i. shyness	1	2	3
j. high activity level	1	2	3
k. dependency	1	2	3
l. sibling rivalry	1	2	3
m. toileting	1	2	3
n. argues/talks back	1	2	3
o. dressing	1	2	3
p. disobedience	1	2	3
q. destructiveness	1	2	3

BACKGROUND INFORMATION:

6. Present marital status:
   _____first marriage
   _____in a remarriage
   _____divorced or separated
   _____widowed
   _____never married - single

7. Ages of children. Please circle the children living with you now.

   Girls: _____ _____ _____ _____ _____
   Boys: _____ _____ _____ _____ _____

8. Which of the following categories best describes your educational background concerning child development and behaviors:

   ____ a. clinical training through rotation
   ____ b. residency in child development setting
   ____ c. participation in workshop or classes since medical school
   ____ d. no specific classes in medical school. Child development and behavior concepts were discussed in other medical integrated classes.
   ____ e. no training which dealt with child development and behaviors

9. Please list the names of books concerning the child development child behavior problems that you use as references.

   _____
   _____

10. Please list the names of the books and magazines that you refer to your patient's parents who are experiencing child behavior problems.

    _____
    _____

PEDIATRICIAN QUESTIONNAIRE
PART 2

1. As a pediatrician, where do you feel parents should go for information regarding understanding and changing their child's behavior? Use this scale to indicate how appropriate each of the following resources are for parents.

1	2	3
very appropriate		not appropriate

_____books & magazines
_____relatives
_____pediatrician
_____friends
_____classes on parenting
_____mental health professionals

2. How responsible do you feel for doing the following things when you are faced with parents' concerns about child behavior problems?

	NOT responsible			responsible
a. offer suggestions about books and magazines	1	2	3	4
b. refer parents to community offered parenting classes	1	2	3	4
c. refer parents to another professional person	1	2	3	4
d. distribute pamphlets	1	2	3	4
e. provide information concerning child development	1	2	3	4
f. give advice on how to deal with child behavior problems	1	2	3	4