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Understanding the Perceived Experiences of Goal Setting of Mothers of Preschool Children: A Narrative Analysis

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UNDERSTANDING THE PERCEIVED EXPERIENCES OF GOAL SETTING OF MOTHERS
OF PRESCHOOL CHILDREN: A NARRATIVE ANALYSIS

by

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ABSTRACT

Mothers are often asked to use goal setting to help their children achieve optimal health. Before mothers can be successful, they must grasp the meaning and process of goal setting. Currently there is a glaring lack of published research regarding how goal setting is understood and experienced by mothers. The purpose of this qualitative study was to examine the self-described understanding and experiences of mothers, regarding goal setting for their preschool children.

Narrative Inquiry was used to explore mothers' experiences with goal setting. A purposive sample of mothers with children in a Voluntary Pre-Kindergarten program were recruited from the central Florida area. Data were obtained from demographic instruments and personal interviews using a semi-structured guide. Interviews were coded to ensure confidentiality, audio-recorded and transcribed. The narratives were analyzed for thematic emergence using content analyses techniques.

Four major themes emerged: *Parental Knowledge*, *Barriers*, *Process of Goal Setting*, and *Provider Involvement*. *Parental knowledge* of goal setting was varied and unique; *barriers* of goal setting were focused on keeping children motivated and fear of failing; each participant used a different *goal setting process* and noted that *provider involvement* was limited at best. Data analysis revealed minimal effective communication between mothers and nursing providers about goal setting. As a result, mothers utilized unique goal setting processes for their children. Despite their varied understandings of goal setting and the goal setting process, these mothers were not stifled in their goal setting efforts.

Educating nurses to communicate effectively with parents about goal setting with their children and addressing barriers they might face, is important. Incorporating goal setting into routine care can be an effective strategy to help patients attain health-related goals. Future research examining the perspective of goal setting from children and other caregivers and development of interventions to aid in goal attainment is needed.

This dissertation is dedicated to my family. My parents, Fred and Diana Orlando, who helped me realize my destiny and talent to be a nurse and encouraged me to pursue higher degrees to reach my full potential. My husband, Tony, who dealt with the mix of emotions that comes with the PhD process. My children, Kyle and Julia, for understanding when I had to miss an important event or say "No" to something fun with the family. Lastly, for my friend and colleague Maureen Tremel, who was lost unexpectedly after candidacy. This is for YOU! We have finished the marathon and I carry you with me over the finish line.

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CHAPTER 1: INTRODUCTION

Children often develop unhealthy habits during childhood and this can have long-lasting effects. One role of mothers is to help their children achieve optimal health and, though they might not realize it, they often use goal setting. Mothers have been aware of the need to help their children reach health goals for many years and research findings have revealed that when goal setting is used effectively, changes in behavior can be accomplished. However, an awareness of the need to set health goals for their children is not enough. Mothers need a basic understanding of how to set and achieve accurate and appropriate goals. While nurses and nurse practitioners ask mothers to set goals for their children, they must first identify what prior goal setting experience and understanding mothers have. One way to obtain more knowledge about mothers' previous experience and understanding regarding goal setting is through the use of narrative analysis. Narrative analysis is an effective method to explore mothers' descriptions and past experiences with goal setting to obtain a better understanding of this topic.

Purpose Statement

To empower mothers to carry out goal setting directives for the improvement of their children's health status, it would be helpful for nurses and nurse practitioners to better understand how mothers perceive goal setting experiences. The purpose of this qualitative study was to examine the self-described understanding and experiences of mothers, regarding goal setting with their preschool children.

Goal Setting

The idea of goal setting began with Aristotle's belief that a person was motivated toward a purpose or goal with a diligent action plan (Anagnostopoulos, 2009). Modern theorists of goal setting, Cecil Mace, Edwin Locke, Gary Latham and George Doran, have studied the concept of goal-setting over the past nine decades (Locke, 1968; Doran, 1981; Carson, Carson & Heady, 1994; Locke & Latham, 2006). Their seminal work and subsequent research, using the concept of goal setting, including the research of others, has been multidisciplinary and included business, healthcare, sports, and education (Ryan, 1970; Lee, Locke & Latham, 1989; Vealey, 2006; Monsma, 2006; Abraham & Michie, 2008; Grant, 2012 and Gill, 2016). This research also revealed new aspects to goal setting theory. This new insight has helped to shape and revise the concept of goal setting over the past nine decades. Goal setting now has interdisciplinary antecedents, consequences, attributes and an operational definition.

Goal setting can be approached using different methods. A person can set his or her own goal, either alone or in collaboration with another person; or a goal can be set for a person by an outside individual, with or without the help of the individual attempting to obtain the goal. For example, a parent can set a goal for a child regarding the number of snacks they have daily. Research utilizing different approaches to goal-setting has been conducted, and although current goal setting theory advocates collaborative goal setting, individual goal setting has also been shown to lead to favorable outcomes (Nothwehr & Yang, 2006; O'Donnell, Greene, & Blissmer, 2014; Brown, Bartholomew , & Naik, 2007; Cullen, Watson, Zakeri, Baranowski & Baranowski, 2007; Cullen, Zakeri, Pryor, Baranowski, Baranowski, & Watson, 2004; Estabrooks, Nelson, Xu, King, Bayliss, Gaglio, et al., 2005; Berry, Danish, Rinke & Smiciklas-Wright , 1989; De Vet,

Nelissen, Zeelenberg, & De Ridder, 2012; Schulman-Green, Naik, Bradley, McCorkle, & Bogardus, 2005; MacPherson, Jerrom, Lott & Ryce, 1999; Tlu·ul , Stemmler, Buhler & Goecke, 2014; Colineau & Paris, 201O; and Booth et al., 2008).

Whether an individual sets a goal alone or collaboratively, the use of a guide or tool can assist in the process. Researchers have studied the use of goal setting guides and found that when a person is able to follow a process or specific directions to set a goal, the person is more successful with goal obtainment (Danish, D' Augelli, Hauer, & Conter, 1980; Dewalt et al., 2009; Anderson, Christian-Lagay, & Procter-Gray, 2010; O'Donnell, Greene, & Blissmer, 2014). Although the tools and guides used in research varied, results from each study revealed an increase in goal obtainment. In addition, no one tool, or guide has been described by goal setting theorists as the gold standard for goal setting to date.

Collaborative goal setting approaches are typically used in healthcare settings. Goals are discussed with the patient by a member of the healthcare team and collaboratively agreed upon (DeWalt et al., 2009; Anderson, Christison-Lagay & Procter-Gray, 2011; Lepore, Yoon, Chinn, & Chussid, 2011; Burnett et al.,1985 and Jarvie & Thompson, 1985). Healthcare goals are typically set to change health behavior. Patients who have unhealthy lifestyles, or are in need of a lifestyle change, are encouraged to set health behavior goals. The ultimate purpose of healthcare goal setting is improved health status. Although positive health behavior change is important at any age, the earlier a change is made, the greater the impact on the rest of the person's life (Dalton, Hammen, Brennan, & Najman, 2016).

Healthy childhood generally leads to a healthier adulthood (Dalton, Hammen, Brennan & Najman, 2016). When a child has unhealthy behaviors that increase the risk of illness or injury, change is needed. Positively changing health behaviors at a young age can promote a healthier

childhood (Campbell, Walker & Egede, 2016). This change, if continued throughout life, may lead to a healthier adulthood.

Health behavior change can be difficult for a child and his or her caregiver. Goal setting provides a way to facilitate health behavior changes. Nurses, encourage caregivers to set health behavior goals for their children, but it is unclear if caregivers really understand or know how to accomplish what is being asked of them. Often, caregivers do not seem to know about or understand goal setting (Boutelle, Cafri & Crow, 2011; Foster & Carnell, 2013; Janicke et al., 2008).

A mother needs knowledge about her child's developmental stages, and the confidence to set specific meaningful goals to help her child address health promotion activities (Foster & Carnell, 2013). If nurses and nurse practitioners want mothers to succeed in helping children set health behavior goals, they must first understand the perceptions of a mother regarding goal setting.

Significance

Nurses and nurse practitioners often encourage mothers to help their children change unhealthy behaviors by setting goals for or with them. However, nurses and nurse practitioners often do not realize that mothers might not understand what they are being asked to do. The findings from this research provide a better understanding of how some mothers understand and experience goal setting. With this better understanding of goal setting from the perspective of some mothers, nurses and nurse practitioners can help improve the health of children by assisting their mothers in goal setting more effectively.

Implications for Nursing

Determining how mothers define goal setting and how this impacts childrearing, is an important consideration for nurses and nurse practitioners. With greater insight into what mothers understand about goal setting, nurses and nurse practitioners are in a better position to help modify health promoting choices within the family. This understanding can help families develop specific, measurable, attainable, related and time-oriented goals for their children.

Knowledge about the concept and stages of goal setting is necessary for nurses and nurse practitioners to effectively educate mothers about goal setting. Increased awareness of mothers understanding of goal setting can enhance the knowledge and skills of nurses and nurse practitioners and ultimately result in improved healthcare outcomes.

A mother may have little, if any, experience or knowledge regarding goal setting for her child. When the healthcare provider has a better understanding of goal setting, from the perspective of mothers, he or she can adapt education for the mother more effectively. Educating the mother allows her to progress toward setting appropriate goals, evaluating these goals and determining subsequent goals that can lead to improved health for her child.

As healthcare is evolving in the Unites States, effective goal setting, resulting in improved health outcomes is more important than ever. The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than ninety percent of America's health insurance plans to measure performance on important dimensions of care and service (NCQA, 2017). These measurements allow insurance companies to compare the amount and quality of healthcare being delivered between practices and facilities equally. The rate paid by insurance companies to practices and facilities based on met HEDIS markers can also penalize when

markers are not met. Some HEDIS markers require that health behavior diagnoses have a care plan with goals in place and a follow-up plan established prior to the end of the visit, and at subsequent visits for the same diagnosis. Using HEDIS markers, a funding policy based on health strategies that change or improve health behavior could be utilized by insurance companies to compensate practices and facilities who use appropriate goal setting with patients.

In summary, this chapter presented an overview of the phenomena of goal setting and highlighted the significance of this research to nurses, in particular, and health-care providers in general. The next chapter includes a review of the literature, to be followed by the Methodology in Chapter 3, Data Analysis in Chapter 4, and the Discussion and Conclusion in Chapter 5.

CHAPTER 2: REVIEW OF LITERATURE

This chapter presents background information on the concept of goal setting, including the use of goal setting in the healthcare field and goal setting theories. Within this review of literature relevant theories related to goal setting in general, setting goals in healthcare, and components to be incorporated into goal setting strategies to improve patient health will be examined. The underpinnings of narrative inquiry are also reviewed, and the approach used to collect and analyze data from participants in this study.

Goal Setting

Background

The great philosopher Aristotle believed *telos* was a purpose or goal toward something that is caused through conscientious action (Anagnostopoulos, 2009). From his research in 1935, Cecil Alec Mace found six conclusions regarding goal setting: (1) the performance of an individual is essentially dependent on the existence of a goal; (2) a goal will be accepted if the goal is assigned to an individual and is achievable; (3) a goal is more effective if assigned an outcome that is measurable; (4) specific goals lead to better performance; (5) goals intensify performance with prolonged effort; and (6) performance will be suboptimal without an external goal (Phillips,1991). Although Mace's research did not launch a large goal setting campaign for workers, his findings laid the groundwork for further research.

In the 1960s, Edwin Locke expanded both Aristotle's and Mace's theories by examining the impact of setting goals in specific work situations (Locke, 1968). Locke found a positive

relationship between setting clear goals and performance. He contended that goal setting took a specified level of efficiency in a certain area and goals need to have a specific content, be intense and attainable within a specific time limit. This research lead to Locke's original model of goal setting and his five-step theory (1968).

George Doran (1981) utilized the idea of Locke's goal setting theory to develop SMART (Specific, Measurable, Assignable, Realistic, and Time-Based) goals. He stated that a goal that is specific and answers the "who, what, where and why" of the goal eliminates vagueness and is more attainable. Measurable goals allow a person to know what progress is being made toward the goal and when the goal is reached. Doran states that an essential part of goal setting, is the assignment of the goal to a specific person or group, so there is no misunderstanding about who is to complete it. Goals should be realistic and challenging so the person maintains adequate motivation to complete the goal but is not overwhelmed and quits. Lastly, all goals need a time-frame that is realistic so that they are not prolonged, and the person becomes discouraged from ever attaining the goal.

Gary Latham found that goal setting in the workplace had an inseparable link to performance (1990), which supported Locke's findings. Locke and Latham published their seminal work in 1990, reinforcing the characteristics of successful goal setting and describing five principles. These principles include: clarity, challenge, commitment, feedback and task complexity. Locke and Latham conducted further research in 2006 and described other requirements for goal attainment: goal acceptance, self-efficacy to accomplish the goal, specific and measurable parts of the goal, difficulty and attainability of the goal and the need for constructive feedback regarding the goal (Locke & Latham, 2006).

Goal setting has been and currently is being used and researched in multiple disciplines. This multidisciplinary research has contributed to the transformation of the *definition* (Ryan, 1970; Lee, Locke & Latham, 1989; Vealey, 2006; Monsma, 2006; Abraham & Michie, 2008; Grant, 2012 and Gill, 2016), *critical attributes, antecedents* and *consequences* of goal setting (Ntoumanis, Mouratidis, Ng & Viladrich, 2015; Furze, 2015; Mento, Locke & Klein, 1992 and Bruhn, McDaniel, Fernando & Troughton 2016). The current suggested definition of goal setting, according to Locke and Latham (2006) is the commitment of a person to set a goal that has clarity, is challenging and complex and is willing to accept feedback on the goal.

Critical attributes associated with goal setting, include:

- Specificity or clarity: the goal should be specific and clear, not vague

- Challenging or appropriately difficult: the goal should be difficult, but attainable by the individual with moderate effort

- Measurability: the goal can be quantified or measured in some way

- Relevance: the goal is relevant to the outcome desired by the individual

- Time limit: the goal has an ending point (Moore, Prebble, Robertson, Waetford & Anderson, 2001; McGoey, Prodan & Condit, 2007; Furze et al., 2008 and Locke & Latham, 2012)

To be effective, the following antecedents need to be in place for individual goal setting:

- Commitment to achieving the goal

- Motivation to set and attain the goal

- Self-Efficacy or confidence in attaining the goal

- Knowledge or skill level of the individual in how to attain the goal (Ries et al., 2014; Locke & Latham, 2002, 2006; Klein, Wesson, Hollenbeck, Wright & DeShon, 2001; O'Neill & Drillings, 1994; Carroll & Tosi, 1970; Corker & Donnellan, 2012; Bandura, 1994; Rhode & Thompson, 2007 and Pekrun et al., 2009)

Obtaining a desired healthcare outcome can be difficult, especially for a mother who is trying to improve a child's health. The goals and the tasks to achieve these goals may seem daunting and unobtainable when first considered by a patient or parent. Research has shown that setting and attaining goals can help improve health behaviors. An important role of nurses and nurse practitioners is to help an individual set appropriate, measurable, realistic and desirable goals. First, the desired outcome or goal must be determined; then a clear path set toward it.

Despite the extensive literature on the topic, there is a paucity of research regarding mothers setting goals in an effort to improve health behaviors of their children. Although researchers note that goal setting is a component of most interventions, the evidence does not reveal actual goal setting techniques; or, if the participants were instructed on how to set appropriate goals; or, more importantly, if they even understood the concept of goal setting.

Goal Setting Literature Review

Relevant research concerning goal setting was identified by searching four databases for publications from 1985 to the present. Key articles for the review were identified from: the Cochrane Library, CINHAL, MedLine and PsychInfo. The search terms included: goal setting, goal planning, primary care, healthcare, disease, diabetes, smoking cessation, weight loss, and tool. Initial search results included 856 non-duplicate articles. Articles were excluded if: (1) they

were non-peer-reviewed; (2) the primary intervention was not related to goals or actions for goals; (3) the study was community based (not based on goal setting with individuals, but entire communities); (4) only a single case study was described. Applying these exclusions yielded 349 articles. After title and abstract screening, 85 articles remained for a full article review. Nineteen articles met the inclusion and exclusion criteria after complete article reviews. Numerous topics were discovered during the literature analysis. These topics include: the age of the participant in which goal setting was studied, effectiveness of different goal setting approaches, utilization of different goal setting tools or guides, and feedback during the process of goal attainment.

Age

The need for optimal health to prevent chronic and debilitating diseases occurs at all ages and stages of life. Setting goals is important for individuals across the lifespan who wish to attain healthy outcomes. Although no studies compared goal setting between different development groups, it is apparent that goals can be set and attained at any age.

Table 1. *Research by age group*

Age Group	Study
Over 50 years of age	DeWalt (2009); Nothwehr & Yang (2006); Brown, Bartholomew, & Naik (2007); Estabrooks (2005); Schulman-Green, Naik, Bradley, McCorkle, & Bogardus (2005)
25 – 49 years of age	Berry, Danish, Rinke and Smiciklas-Wright (1989); Anderson, Christison-Lagay, and Procter-Gray (2010); De Vet, Nelissen, Zeelenberg, and De Ridder (2012); MacPherson, Jerrom, Lott and Ryce (1999); Burnett et al. (1985) and Booth et al. (2008)
18 – 24 years of age	O'Donnell, Greene, and Blissmer (2014); Thrul, Stemmler, Bühler and Goecke (2014)
9 years of age	Cullen, et al. (2004 & 2007) Lepore, Yoon, Chinn and Chussid (2011)
1-6 years of age	None found

Goal Setting Guides or Processes

The literature review revealed guides or processes utilized by researchers to aid participants in setting one or more goals. Table 2 displays the guide used by researchers, how the guide was utilized during the study and the results of the study. Goal setting guides or processes used in the studies below, played an integral part in goal-attainment for the participants. When participants were able to follow a guide for goal setting they were more likely to set meaningful goals that were measurable as well as attainable. Tested and reliable goal setting guides such as

these, could be adapted for use with individuals who had other healthcare needs. To help patients set goals using these guides, providers should understand how these guides relate to specific healthcare needs. In this way, primary care providers can help their patients set goals to promote healthier lifestyles.

Table 2. *Tools/guides used by researchers and study results*

Tool/Process Utilized	Description	Study	Results
Guide developed by the American College of Physicians Foundation	Information on diet, exercise, monitoring blood sugar, foot exams, insulin and other medicines as well as useful goals to help achieve these self-care measures	Dewalt, et al. (2009)	73% of the patients using the guide reported achieving two behavioral goals
A recording taught a goal setting process	Not described in the article.	Eastbrooks, et al. (2005)	Less than 50 percent of participants set goals to increase physical activity, one quarter set goals to increase fruit and vegetable intake and the other quarter, set goals to

Tool/Process Utilized	Description	Study	Results
			decrease fat intake. Goal attainment was not measured.
Diabetes: You Can Do It! Are You Ready?	A page of goals specific to diabetic care for patient use.	Anderson, Christian-Lagay, and Procter-Gray (2010)	35% of the subjects improved their A1C results significantly
Danish et al.'s goal setting model	Examine the impact of goal setting instruction on nutrition-related behaviors when there is a free goal choice	Berry, Danish, Rinke and Smiciklas-Wright (1989)	Those receiving the goal setting and attainment model training were more likely to make a nutrition change and maintain it over the 12-session program.
Squire's Quest!	Multimedia format; Assigned the subject a fruit or vegetable and recipe to make.	Cullen, et al. (2004 and 2007)	Students who were assigned goals, were more likely to eat more vegetables and prepare more recipes compared to

Tool/Process Utilized	Description	Study	Results
			those who did not receive goals
SMART Goal Process (not required usage)	Participants were asked to make goals regarding vegetable intake and physical activity that were Specific, Measurable, Achievable, Relevant and Time-Based. The research was done using college students in a web-based setting.	O'Donnell, Greene, & Blissmer (2014)	Researchers were unable to determine which subjects used the SMART tool and there was no measurement of goal attainment was obtained.

As shown in Table 2 the goal setting tool or process utilized was included in only seven of the nineteen studies.

Goal Setting Approaches

Goal setting can be done independently or in collaboration with another person. Some researchers have proposed that it is better for goals to be set in tandem with another person (Locke & Latham, 2006). However, other researchers have reported goal setting can be equally effective if the individual is able to set goals that are meaningful and attainable. Individual goal

setting enables individuals to grow and develop in personal ways. Although goal setting theory leans toward collaborative efforts, individual goal setting was shown to be successful for the subjects in thirteen of the nineteen studies reviewed (Nothwehr & Yang, 2006; O'Donnell, Greene, & Blissmer, 2014; Brown, Bartholomew, & Naik, 2007; Cullen, Watson, Zakeri, Baranowski & Baranowski, 2007; Cullen, Zakeri, Pryor, Baranowski, Baranowski, & Watson, 2004; Estabrooks, Nelson, Xu, King, Bayliss, Gaglio, et al., 2005; Berry, Danish, Rinke & Smiciklas-Wright, 1989; De Vet, Nelissen, Zeelenberg, & De Ridder, 2012; Schulman-Green, Naik, Bradley, McCorkle, & Bogardus, 2005; MacPherson, Jerrom, Lott & Ryce, 1999; Thrul, Stemmler, Bühler & Goecke, 2014; Colineau & Paris, 2010; and Booth et al., 2008). Researchers found that when subjects set a specific goal, they had greater goal attainment or progress toward the goal. Collaboration and feedback from another person are significant criteria during goal setting and goal attainment. DeWalt et al. (2009), Anderson, Christison-Lagay, and Procter-Gray (2011), Lepore, Yoon, Chinn, and Chussid (2011), Burnett et al. (1985) and Jarvie and Thompson (1985) discussed that both short- and long-term goals were easier to reach and sustain when set collaboratively. This collaboration was made even more integral when Anderson, Christison-Lagay, and Procter-Gray (2011) and Jarvie and Thompson (1985) revealed that a collaborative effort allows researchers or providers to redirect participants or patients toward more meaningful and realistic goals.

Goal Setting Literature

The importance of setting specific goals, the measurement of goals, establishing time-limits to complete goals, collaboration of goal setting with another person and feedback from that person are all integral components of successful goal setting. Interventions that include all of

these elements are more likely to be effective in bringing goal setting into the forefront to improve the health and well-being of individuals.

Nurses and nurse practitioners often encourage goal setting with their patients. This review indicated that goal setting can be helpful in improving the health and well-being of individuals of all ages. However, without a specific process or tool, there is no method available for patients to follow. The development of a goal setting guide is needed to instruct patients about the most effective ways to set goals to improve their health behaviors. Although the research indicates that setting goals, with the use of a guide, is a necessary step to attaining them, there is limited research to determine what patients know and understand about goal setting. Without the insight of how patients have experienced the use of goal setting in their lives, the development of a guide or tool is impossible. There is a scarcity of literature regarding the experiences of patients regarding the setting of goals. Research to increase understanding of how patients experience and understand setting goals is necessary to move the science of goal setting forward.

Mothers, who are health behavior supervisors for their preschool children, are also in need of a clearer understanding of goal setting, as well as a guide to set goals to improve their children's health. An initial step in developing a guide, is to determine the experiences and knowledge mothers have regarding goal setting for their preschool children. This research is a first step in examining the experiences of mothers who set goals for their children. This step is necessary to understanding the way mothers visualize goal setting.

Human Development

Preschool children are still in the developmental stage of interdependence. They rely on the adults around them to help them make good choices in their lives. Mothers play an essential role in shaping the development and independence of their children. Therefore, mothers of preschool children were chosen for this research. Human development involves changes in a person's biological, psychological, physiological and emotional composition from birth to death. Early in life, human behavior and habits are moldable. The habits and learned behaviors instilled in children help create patterns of behavior that can be utilized throughout their lives. In respect to a preschool child, the pattern of development progresses from total dependency toward increasing autonomy. Human development is a continuous process, and each child develops in a unique course.

The age from three to five years is considered "preschool" (CDC, 2017 and AAP, 2017). The preschool age has the following characteristics (AAP, 2017):

- Growing toward independence

- Learning to dress and feed themselves

- Following a routine

- Performing simple chores

- Wanting to learn new things

- Playing with others their age

Psychosocially, the preschool child, is an enthusiastic learner and is beginning to feel pride in accomplishments (Kyle & Carman, 2017). A child at this age is also beginning to understand right from wrong. Children can be taught the difference between a "good" or "poor" choice,

when it comes to their health behaviors (Kyle & Carman, 2017). Mothers of preschoolers have an opportunity to set goals that will reinforce positive health behaviors to last a lifetime. Taking advantage of this moldable age is an ideal time for mothers to set goals and teach children about positive health behaviors.

Narrative Analysis

Narrative analysis, sometimes referred to as narrative inquiry, is a qualitative research approach involving a collection of stories or oral reports from individuals with respect to a particular phenomenon of interest (Riessman, 1993 and Clandinin & Connelly, 1999). Narrative analysis enables the researcher to experience the world of the participant, using open-ended questions and intent listening. Narrative analysis was the method used to collect data for this research.

Historical Background

Catherine Riessman's expert contribution to the topic of narrative analysis and inquiry was noted by her seminal work regarding personal narratives (Riessman, 1993). Essentially, personal narratives are collected through one or more in-depth interviews and observation of the participant, by the researcher. Narrative analysis is an open dialogue between the researcher (listener) and the participant (narrator). Narrative analysis often begins with an interview guide developed by the researcher in order to have a central, starting point for interviewing the participant (Connelly & Clandinin, 1990). As participants look back in time and recount their stories of how the phenomenon of interest has affected or played a part in their lives, they are remembering in a way that is engaging or entertaining to the researcher (Bamberg & McCabe,

1998). This case-centered approach of the participant telling a story, is a way for the researcher to "follow the participant" through a part of his/her life and gain insight into the experiences regarding the phenomena being studied (Riessman, 1993, p.5).

Human experience is shaped, transformed and understood through narratives and representing the event by linguistic representation (Thorne, 1997). This transformation of the actual experience allows the participant to articulate the occurrence into a structured, communicable representation of the event (Boutain, 1999). As the participant uncoils the story, the researcher's role is one of listening and empathy. Discrete stories may emerge from the response to a single question (Labov, 1982). Themes emerging from narratives can assist the researcher in understanding the process by which a person understands a chronic disease, concept or medical treatment (Overcash, 2003).

Narrative analysis "tells not only about past actions, but how individuals understand those actions, that is meaning" (Reissman, 1993, p. 2). Narrative analysis enabled the researcher to gather stories from mothers of preschool aged children. These stories were analyzed to detect main narrative themes. These themes assisted the researcher in gaining insight into the perceived experiences of goal setting in mothers of preschool children.

When the researcher had gathered adequate information to understand participants' thoughts and feelings about the phenomenon, saturation of data was achieved (Marshall & Rossman, 1995). Saturation of data is the point at which participants use the same or similar words or themes throughout the interview. Subsequently, the researcher collated, analyzed and identified major themes from the stories to develop insights of the phenomenon and experience (Marshall & Rossman, 1995).

Maintaining Rigor in Qualitative Research

Qualitative research is frequently criticized for lacking scientific rigor with poor justification of the methods adopted, lack of transparency in the analytical procedures and the findings being merely a collection of personal opinions subject to researcher bias. Maintaining rigor in qualitative research can be complex. In order to maintain rigor and ensure the credibility and trustworthiness of the data, an adaptation of Anthony Tuckett's (2005), created by the researcher, qualitative research strategies were utilized. These strategies included:

1. The researcher: The researcher was an integral part of this qualitative study. As the *listener*, the researcher gained in-depth insight into each participant's life and experiences. However, the researcher was careful to not cast her experiences, expectations or thoughts onto the participants. The researcher journaled her thoughts before and after each interview. Journaling allowed the researcher to put her thoughts onto paper prior to interacting with participants, allowing her to remain objective during the interview phase (Tuckett, 2005).

2. Taking field notes: Field notes or field journaling were kept to capture important information regarding the setting that could not be obtained with the audio recording. The researcher, while listening to the participant, was able to visualize immediate perceptions about the environment or the participant (Tuckett, 2005). Body language and facial expressions, as well as the environment were recorded by the researcher. These recorded field notes were another data source to aid in coding.

3. Using an audio recorder and Auditing transcripts: Audio recording of the in-depth interview allowed the researcher to capture every word of each participant. The audio

recordings assured that no conversation was missed by the researcher. Although transcription of each recording was done verbatim by a licensed transcriptionist, transcription auditing was done by the researcher to ensure accuracy. Carefully listening, re-reading and identifying themes in a preliminary setting allowed accuracy and familiarity with the data (Tuckett, 2005).

4. Purposeful sampling: Purposeful sampling was used to ensure the participants were likely to have and share the same background. The sample was chosen based on criteria set forth by the researcher in the beginning of the study. The criteria used was based on the type of information the researcher wanted to collect. Some participants were self-referred and some were referred by another participant in the study.

5. Atypical/Negative case: An atypical or negative case is that case which is outside the "norm" of the other participants. Should this type of case present itself, the researcher should follow-up with the participant to understand why the information given is not part of the "general" information of the other participants. This type of case can give strength to the development of the themes of the other interviews (Tuckett, 2005). This study did not reveal any atypical or negative cases.

6. Member checking: Confirming the meaning of the interview data is important to assure that the researcher understood the participants accurately. Participants were given the opportunity to read or hear what the researcher "understood" and clarify the data. Participants also helped the researcher understand and interpret information the researcher was unsure of (Tuckett, 2005). Two participants were asked about the major themes that arose from their interviews. Both participants agreed that the researcher

classified their words correctly and identified the themes correctly regarding their understanding and knowledge of goal setting with their children.

7. Thick description: A rich, indepth description of the research setting, and the participants was used to determine the transferability of the research findings. This description was composed from recorded field notes and demographic information obtained by the researcher during data collection (Tuckett, 2005).

These strategies were used as a means to guide the data collection of this research. In addition, the above strategies were used to maintain the rigor and credibility of the research of this qualitative study.

Research Questions

The purpose of this qualitative study was to examine the self-described understanding and experiences of mothers, regarding goal setting with their preschool children. Research questions identify or describe the phenomenon of interest (Fain, 1999). Creswell (2005) stated "in qualitative research, the researcher seeks to gather necessary information on a single concept or central phenomenon and the researcher asks the participants in a study to share ideas and build general themes based on those ideas" (p. 117).

The research question in this study was: How do mothers describe their understanding and experiences of setting goals with their preschool children? A deeper understanding of "how mothers of preschool children establish and experience goal setting for their children was obtained through personal interviews". Focus areas of the interviews included examining the meaning of goal setting to the mother of her child, how a mother learned about goal setting, how an appropriate goal was arrived at, and the perceived outcomes of goal setting. During this

qualitative study, questions developed by the researcher, were used to encourage each mother to elaborate about her personal history with goal setting for her preschool child.

Conclusions

The review suggests that incorporating goal setting into healthcare strategies can provide important benefits for patients. Nurses and nurse practitioners who collaborate with patients to set specific, meaningful, measurable, realistic, time-based goals that are reasonable to attain could help motivate them to achieve significant improvements in their health. These goals can be selected by using a guide, or tool or by asking the patient what he or she would like to strive toward in relation to optimal health. Once goals have been chosen and quantified, the nurse or nurse practitioner can give a patient feedback on a regular basis until the goal or goals are reached. This will help the patient stay on task and complete the necessary steps toward goal attainment. Both collaboration and feedback are integral parts in the completion of specific, meaningful, measurable, realistic and time-based goals.

In summary, there is a glaring lack of research of how goal setting is understood, interpreted and experienced by mothers, especially as it relates to promoting health behaviors in their children. To date there have been no studies that investigated the understanding and experiences of maternal goal setting. In this narrative study the self-described understanding and experiences of mothers, regarding goal setting with their preschool children was examined.

CHAPTER 3: METHODOLOGY

This chapter presents the methodology used to achieve the aim of this qualitative study, which was to examine the self-described understanding and experiences of mothers, regarding goal setting with their preschool children. Included in this chapter are: the study design, participant inclusion criteria, participant recruitment strategies, study setting, data collection procedures, strategies for validating findings, and the protection of human subjects.

Design

This qualitative study was conducted using exploratory, descriptive methods. Narrative Analysis, based on the work of Reissman (1993), provided the framework for the study design. An open-ended interview guide, designed by the researcher (Appendix A), was used to prompt the participants to tell one or more stories regarding goal setting in their past and present experiences with their preschool children.

Story telling is the most natural form of discussion of life events between people. Narrative Analysis was chosen as the data collection method for this study because of the story-telling nature of mothers. Mothers tell stories to and about their children, regularly. Stories regarding the mother/child relationship when meeting goals was encouraged by the researcher.

Participant Inclusion Criteria

A purposive sample was recruited among mothers who have a child enrolled in a VPK program in a county in central Florida. Preschool children are still learning and developing lifestyle skills. Children in this age group still rely on their mothers to show them how to live

healthy productive lives. Inclusion criteria included: biological or adopted mothers who resided in the home with a child in a VPK program and were able to speak, read and write English.

Voluntary Prekindergarten Education Program

A child who resides in the state of Florida and is between the ages of four and five may be enrolled in the state's Voluntary Prekindergarten Education Program (VPK). This program is overseen by the Florida Department of Education's, Office of Early Learning. The VPK program is free to parents and supported by funding from the State of Florida. The VPK student is given the opportunity to learn and develop in a classroom setting, which allows him or her to learn how to behave in school and develop skills necessary for kindergarten.

Participant Recruitment

Participants were recruited from VPK Programs in Brevard County, Florida. An informative flyer (Appendix A) was developed by the researcher and posted at two VPK sites to recruit interested individuals. The flyer invited mothers who had a child in the VPK program in Brevard County, Florida to contact the investigator if she was willing to participate in the study. The investigator discussed and described the study purpose and the requirement of participation, with the mothers who were willing to participate in the study. If the mother expressed interest in participating in the study, the investigator made an appointment to meet with her to conduct the interview. Mothers were recruited to participate in the study via snowball effect from other mothers who had already completed their interviews.

Setting

The interviews took place in locations that were mutually agreed upon by the investigator and the participants. All locations provided an environment conducive to protecting the mother's privacy and enabled the mother to speak freely with the researcher.

The Investigator

Throughout the narrative inquiry process, the investigator is an essential instrument in the data collection process (Tuckett, 2005). The investigator, in this study, is a pediatric nurse practitioner, who has practiced in a local primary care setting. With the permission of the participant, the interview was audio-recorded, and the investigator took field notes. These methods allowed the investigator to address credibility, dependability, confirmability and transferability.

Data Collection Instruments

Demographic information was collected from each participant prior to the interview (Appendix B). The interview was guided by questions developed by the researcher (Appendix C). This interview guide was used to focus the open-ended discussion between the participant and the investigator.

Data Collection Procedures

Data collection procedures for this study were based on the recommendations of Riessman (1993) and Tuckett (2005). Prior to the beginning of data collection, the researcher

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discussed and described the research again. She also discussed the protection of human subjects with each participant. The researcher discussed with the participant that she could stop the interview at any time without penalty.

The interview began with the investigator requesting demographic data from the participant and then progressed through the interview guide. The interview was at a mutually convenient time and place, these included the mothers' homes and at quiet public locations. An opening question prompted self-reporting by the mother about her experience with goal setting for her child (Appendix C). Open-ended, follow-up questions were used to expand on the experience of parent-child goal setting. The interview took approximately thirty to forty-five minutes and was audio-recorded. Each audio-recorded interview was transcribed verbatim by a certified transcriptionist (Landmark Associates, Inc.). To enhance the interview narrative, field notes were taken by the researcher to note information not captured in the oral interview and demographic questions. Interviews were conducted until saturation of information occurred (Creswell, 1998 & 2005). For this study, eight mothers were interviewed to achieve data saturation. During data analysis, to clarify the information provided, the participants were asked to share the process they used in goal setting.

Data Analysis Procedures

The transcribed interviews were analyzed by using the MAXQDA software. This software program is designed for computer-assisted qualitative analysis of information. The researcher inputs text or audio-based data collected from the interviews including transcripts, demographic data and field notes. Using this software, themes and patterns can be sorted from the narrative data (MAXQDA, 2016). The software does not sort transcriptions into themes for

the researcher. MAXQDA is merely an organizational tool for the researcher to organize themes and notes during the data analysis process. In addition, MAXQDA has secure data storage that meets IRB requirements for data security (MAXQDA International, 2016). After themes were established and confirmed by the researcher, verbatim comments from mothers were selected to exemplify and elaborate on the theme. Essentially, the structured passage of text provided an understanding of what mothers of preschool children have experienced regarding goal setting with their children.

Strategies for Validating Findings

The techniques used to establish rigor of qualitative work include: "credibility, dependability, confirmability and transferability" (Guba & Lincoln, 1994; p. 106). Rigor in qualitative research includes strategies that ensure the participants' experiences are accurately represented. To maintain the credibility and trustworthiness of the data, Tuckett's (2005) nine-step process was utilized. The researcher journaled her thoughts prior to and after each interview. Journaling these thoughts regarding her experiences and expectations, allowed the researcher to remain objective during the interview phase. This ensured the credibility that the interview was from the participants' experiences and not from items projected onto the participants from the researcher.

Taking Field Notes

Field notes or field journaling was kept to capture important information regarding the setting that could not be obtained with the audio recording. The researcher, while listening to the participant, visualized immediate perceptions about the environment or the participant (Tuckett,

2005). Body language and facial expressions, as well as the environmental information were noted by the researcher. These recorded field notes were another data source that aided coding.

Credibility of the research findings was established by member checking which was done by asking follow-up questions with several participants regarding the accuracy of these findings. The dependability of the data was established by discussing and confirming the identified themes with an independent researcher. These themes and clusters were triangulated with an independent qualitative researcher as well to assure the dependability of the data.

Confirmability of the research findings was attended to by the researcher by establishing a written recording of the activities of the study. This recording was used to establish a clear process of the study. The process of how the data was obtained, how themes were established, and the thought process utilized was reported by the researcher. This report was used to explain how saturation of the themes was established.

Transferability of the data from a study is the degree that the results can be applied to similar situations or individuals. Purposeful sampling, along with thick description of the research setting and the participants were used to determine the transferability of the research findings. This rich description was composed from recorded field notes and demographic information obtained by the researcher during data collection. The transferability of this study is applicable to parents of children enrolled in the VPK Program in Brevard County, Florida.

Protection of Human Subjects

Approval for this study was obtained from The Institutional Review Board of the University of Central Florida. A letter of intent was obtained from select VPK Programs in Brevard County, Florida. Participants were instructed on the process of informed consent and

that they could stop the interview at any time or withdraw from the study, without penalty,

should they no longer wish to participate. Written and verbal consent (Appendix D) was obtained

from the participant prior to the start of the interview process.

   To ensure confidentiality and anonymity, participants were identified by pseudonyms on

the narratives. Findings were reported as group data. No names or descriptions of the participants

will be published or are known to anyone other than the researcher. No information arose that

indicated that the interviewee or children of the interviewee were victims of sexual, physical or

emotional abuse. If this had occurred the researcher would have reported this information as

directed by state law. Participants were made aware of this reporting policy during the consent

phase of the study.

CHAPTER 4: RESULTS

This chapter contains the analysis of the data and the findings of the narrative inquiries. The contents of this chapter include the summary of the characteristics of the participants, along with themes that emerged from the analysis of the narratives.

Respondent Profile

Eight mothers having a child or children between four and five years of age, enrolled in a VPK program located in the Central Florida area were interviewed for this research. During the interviews, the participants, offered 486 comments describing their perceived experiences of goal setting with their children. The eight participants' ages ranged from 26-42 years of age. Of these mothers, seven self-identified as Caucasian and one self-identified as African American. All participants had two or three children; seven participants were married, and one indicated being single/divorced. Participants' highest level of education ranged from vocational training (n=1), high school graduate (n=3) and college graduate (n=4). Of the participants who were college graduates, three indicated having a master's degree at the time of the interview.

Emergent Themes

This section addresses the findings related to the purpose of the study, to examine the self-described understanding and experiences of mothers, regarding goal setting with their preschool children. Data from the interviews were organized using the narrative inquiry analyses procedures detailed in Chapter III. Participants willingly shared their experiences and personal insight related to their perceptions of goal setting. Major themes that emerged from the data

included: parental knowledge, barriers, process of goal setting, and provider involvement. Each of these themes will be described in greater detail in subsequent paragraphs along with supporting exemplar quotes from participants. To address anonymity, pseudonyms for participants are used in the discussion (Ann, Brooklyn, Caitlyn, Diana, Elizabeth, Frances Geraldine and Haley). Table 3 summarizes common perceptions described by study participants with supporting exemplars.

Table 3. *Common perceptions described by study participants*

Perception theme	Exemplar of perception	Respondent attributes
Major theme: Parental knowledge	"Well, I guess goalsetting is the planning. The goal would be the outcome. Goalsetting would be the plan to get to the outcome."	35-42 year old, female with 2 children
"Target" and "Accomplishment"	"You give yourself a target."	26-34 year old, female with 2 children
"Preparing", "Planning" and "Doing"	"What do I need to do to achieve this?"	35-42 year old, female with 3 children
Learned goal setting	"seeing what had worked for other parents, and trying to establish some sort of realm where it worked for my family."	35-42 year old, female with 2 children

Perception theme	Exemplar of perception	Respondent attributes
Major theme: Barriers	"Sometimes I feel like, as moms, we have these goals. We have two or three goals for ourselves. Those two or three goals like okay, well I'll just set those aside. I'll wait. There'll be time for those later. Then the kids goals come front and center because we want the best for them. That's kinda hard."	43-51 year old, female with 3 children
Life obstacles	"As much as you try to plan and goal set, sometimes life or things can get in the way."	35-42 year old, female with 2 children
Lack of child motivation	"If he doesn't want to do it, he has to be motivated enough to want to attain that goal."	35-42 year old, female with 2 children
"I don't want them to fail."	"Where that is concerned I don't know. I don't want him to feel bad about it."	35-42 year old, female with 2 children
Major theme: Process of goal setting	"It's easing the training wheels every time, is kind of the concept, is setting a small goal to meet a middle goal to meet a big goal. I think that that has been one of the biggest pieces of information that I could get as a parent or as a person, is to set those smaller	26-34 year old, female with 2 children

Perception theme	Exemplar of perception	Respondent attributes
	goals to meet the middle goals to meet the bigger goals and making sure that parents can find what that motivator is."	
"Baby steps"	"It always seems like, to do a bigger thing, you want to set up smaller, attainable goals to reach it."	35-42 year old, female with 2 children
"Motivators and Rewards"	"They have goals for behavior. I use the behavior chart. Of course, if they follow the rules, and they're meeting the behavior goals they get a reward on Friday."	43-51 year old, female with 3 children
"Time limit"	"I want him to learn his sight words, so I'll say we'll make a goal of 20 sight words by the end of summer."	43-51 year old, female with 3 children
"Individualization"	"I think well, milestones of a larger goal works well for my daughter, because she's able to see the end game. Whereas my son we have to treat each milestone as its own goal, because he's just not far-seeing like that."	35-42 year old, female with 2 children

Perception theme	Exemplar of perception	Respondent attributes
"Encouragement"	"I work at his school, I try and see him midway through the day, if he's having a good day, and I'm like, "Remember, no marks, that's great. I'm so happy for you. Keep going towards goal.""	35-42 year old, female with 2 children
Major theme: Provider Involvement	"I believe that they could be more involved in that and showing more concern. Definitely, yes. I was there actually a few months ago for a physical for him, and it was more so just—it was like clockwork."	35-42 year old, female with 2 children
"They are too busy."	"I think sometimes they get—just as anybody, you get busy in your own job. Sometimes you can't thoroughly take the extra time. Sometimes that's the way that they don't take the extra, extra time to really know how that kid is."	35-42 year old, female with 2 children
"Maybe they (parents) need a heads up."	"I think it would help. Sometimes I don't think of things that maybe he would be struggling with. I don't realize. I see it some other parents, in their children. Maybe they need a little heads up because they don't see that things are going—they're not normal—their kid maybe not developing the way	35-42 year old, female with 2 children

Perception theme	Exemplar of perception	Respondent attributes
	they should be. Maybe if the doctor mentioned something, I think that would be helpful."	

Parental Knowledge

A main theme of Parental Knowledge was identified, with sub-themes. The Parental Knowledge theme was established from answers to the questions, "How would you explain the word goal to a friend?" "How would you explain the words goal setting to a friend?" and "Reflecting back, how did you learn about goal setting?" In response to these questions, participants discussed their experiences with goals and goal setting. The participants used various terms which revealed their knowledge about goals and goal setting. These terms became the sub-themes "target and accomplishment" and "preparing, planning and doing" respectively. In addition, participants discussed the way they learned how to set goals throughout their lives, as well as their experiences from goal setting with their children. This is described in the sub-theme, "learned goal setting".

Target and accomplishment

Although all participants were able to use a term for the word goal, the investigator noted that they all paused for some amount of time, one participant, Frances, for two minutes, to think about their choice of words. Some participants repeated the word goal, as they considered how to explain goal or what a goal was to them. Terms that were used by participants to describe the

word goal include, "achievement", "accomplishment", "milestone", "target". Diana, Frances and Haley discussed the word "achievement" to describe goals. Haley stated, "Something that you want to achieve." While, Frances and Elizabeth used "accomplishment" to explain goal, Casey and Frances talked about the word "milestones". Geraldine explained, "You give yourself a target". All of the participants used words that described a goal as the end result of something. However, Frances' explanation, "We just don't acknowledge them as goals" offered an interesting insight into how some mothers might not realize they actually set goals for their children and could explain their hesitation to define goals. Although mothers set goals, they may not use the words goal or goal setting to define or explain what they do to help their child reach a milestone or achievement.

Preparing, planning, and doing

When asked to explain the term goal setting, common views resonated from the participants. A recurrent idea discussed by participants was that goal setting is something needed in order to reach a goal. Preparing, planning and doing were words participants used to describe goal setting. Elizabeth and Haley used the word "preparation". Two participants relied on types of planning to describe goal setting. Specifically, Ann stated, "Goal setting would be the plan to get the outcome." Frances had a similar description of goal setting, "Setting the plan to achieve it." Four participants thought that "doing" was a better word to explain goal setting. Brooklyn stated, "This is what I'm going to do." She also stated, "I just tell myself, I am going to do this," when asked how she might set goals. Casey discussed goal setting as "What we were going to try to do." Diana asked herself the question, "What do I need to do to achieve this?" before setting goals. Geraldine stated, "What I want to do to get to the goal".

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Learned goal setting

All participants admitted that they have set goals for themselves at different times in their lives. Of the eight participants, five noted that they learned to set goals from watching others and were not necessarily taught about goal setting specifically. Casey, noted that she learned about goal setting by, "…seeing what had worked for other parents, and trying to establish some sort of realm where it worked for my family." Diana stated, "I've had to really step up, and acknowledge, and personally, deliberately set goals for myself." None of the participants mentioned learning about goal setting from their parents, other family members, or healthcare providers.

Barriers

Participants described obstacles or barriers that hindered them from setting or accomplishing goals for themselves or their children. Within this theme, labeled barriers, multiple sub-themes were identified. These sub-themes expand the overall understanding of barriers to goal setting experienced by the participants. Sub-themes include "life obstacles", "lack of parental involvement", "lack of child motivation", and "fear of unsuccessful goal attainment". Each of these is discussed in some detail below.

Life obstacles

Individually, the participants communicated that sometimes there are obstacles that get in the way of setting and achieving goals for themselves and their children. Elizabeth stated that she, "…had to let go of it" and "As much as you try to plan and goal set, sometimes life or things

can get in the way." Frances explained, "I kind of put it on hold until I had the time to dedicate to it." The participants thought that putting their child's needs ahead of goal setting with them was important. Haley stated, "…well I'll just set those aside. I'll wait. There'll be time for those later."

Lack of child motivation

Of the eight participants, three discussed their child's motivation as a barrier, at length. Casey, when speaking about her child, made these statements, "He is someone who doesn't necessarily want to be helped," and "…he won't put any effort in". Frances said, "…if it's just not rewarding enough for him, he won't do it." Elizabeth stated, "He struggles with, learning to put the time and the effort into it." All 3 of these participants expressed the need for help in determining how to motivate their children. When the child is not motivated to achieve the goal, the mothers felt like there was no way for them to move the child closer to the goal. As stated by Casey, "It's hard to motivate someone when there's no motivator."

I don't want them to fail

While some of the participants wanted their child to be more motivated to attain goals, five of the eight were concerned about their child failing to attain their goal. Concerns included not wanting the child to be anxious or upset. Casey noted, "He just knew that he wasn't going to make that goal, he just stopped even trying. He was kind of defeated." Diana stated, "I don't want him to feel bad about it." and "I don't want to make him worried or anxious." Geraldine expressed the need "…to make them attainable goals, not to make something that's so big that

when you don't meet it you just get frustrated or disappointed." A child's feelings, when the goal was unattainable, were a definite concern for the participants.

Process of Goal Setting

When participants were asked "Can you give me an example of how you set a goal for your child?" all had a process of how they set goals. Participants discussed their own processes of goal setting for both their child and themselves. General participant comments resulted in sub-themes that included: "baby steps", "time limits", "individualization", "rewards and motivation" and "encouragement". Their general comments are best summed-up with a comment from Geraldine who stated, "…the concept, is setting a small goal to meet a middle goal to meet a big goal."

Baby steps

All participants had a way to break-up big goals into small steps in order to make the goal attainable. Three of the participants had very specific comments regarding their step-like system. Caitlin explained, "…like setting smaller goals to meet bigger goals, like milestones" and "…make it to where every day was a small goal and then every week was like a bigger small goal, and then that reaches our overall goal of the month." Frances said, "If it's something that's a pretty lofty expectation, then we'll kind of break it up." and "We did mile markers". Geraldine used, "…smaller goals to meet that end—whatever that bigger goal is". The common theme of steps and working on smaller attainable goals to reach the ultimate bigger goal provided the mothers a way to also motivate their child.

Motivators and rewards

Motivators and rewards played a role in helping the participants' children reach their goals. Although the motivator or reward was different for each child, the idea of using them was a common theme for all the participants. Caitlin explained, "Each kid has whatever their personal motivator is for attaining their goals" and "That is something that drives them to want to do whatever it is to maintain or achieve their goals." Goal achievement was the main reason for motivators and rewards. Elizabeth said, "I give him something to look forward to, to want to accomplish things." Participants also used rewards as the motivators to help with goal attainment. Diana explained, "If they follow the rules, and they're meeting the behavior goals, they get a reward on Friday." Geraldine stated, "…if you can do this, at the end of the week we'll go pick out a toy, from wherever.".

Time limit

Only two of the eight participants discussed using a time limit when setting goals for their children. Caitlin set a mini-goal of the week, and stated that one of the time limits was, "You have to practice every day for 30 minutes." Diana stated, "I'll say, 'we'll make a goal of 20 sight words by the end of summer'", when discussing time limits

Individualization

When participants discussed setting goals for their children, all participants discussed individualizing the goal. Setting the goal in a way that played on each child's individual needs and strengths was a common step. Geraldine stated it best, "…with individual personality and

behavior, it changes based on the kid." Caitlin said, "We do what we know he is capable of." Brooklyn similarly stated, "…but it was kind of too much for him." Ann explained, "He's an individual, so I think I have to kind of go with his flow." Diana used these words, "I'm always thinking about the individual person." and Frances, "When we're setting goals, we kind of tailor it." Elizabeth and Haley discussed differences that require individualization. Elizabeth said, "This child might be a little different." Haley explained, "…because I see physical differences."

Encouragement

Encouragement was different from rewards and motivators. Encouragement was more of a way to help the child keep moving toward the goal while motivators had more to do with goal attainment. Participants acknowledged that it was not a bad thing for the goal to not be attained. They accepted and "encouraged" their children past the failures and helped them see them as learning experiences. Participants were very specific and explained that encouraging their children was something that the children needed to be successful. Elizabeth used words of encouragement like, "I know you can do that. I know you'll be good at that." Geraldine discussed that being unsuccessful wasn't failure by saying, "If you mess up, if you're giving it your best effort at school, and you don't do the greatest, as long as you use that as a way to learn and grow" as her encouragement. When Geraldine's child needed encouragement in the middle of the day she would tell him, "Remember, no [bad] marks, that's great. I'm so happy for you. Keep going towards goal." Participants used specific encouraging words to help their children reach their goals.

Provider Involvement

Participants discussed involvement of their healthcare provider when setting goals with their child. In general, participants seemed to echo the same theme, that providers were too busy and did not seem to be involved with what their child needed in terms of goal-setting. Elizabeth stated, "I believe that they could be more involved in that [goal setting] and showing more concern. Definitely, yes. I was there actually a few months ago for a physical for him, and it was more so just—it was like clockwork." Sub-themes of "They don't take the extra, extra time." and "Maybe they [parents] need a heads up." surfaced during the interviews.

They don't take the extra, extra time

When participants were asked if their child's primary care provider asked them to set goals for their child the general response was that the provider seemed in a hurry. "I felt like she did the bare minimum to get them seen and out," stated Frances. While Elizabeth explained, "Sometimes it's the way that they don't take the extra, extra time to really know how that kid is," and "They just do their simple test with them." Both participants remarked that the provider was not interested in taking time to discuss concerns during the visit.

Maybe they [parents] need a heads up

Participants offered reasons why parents need healthcare providers to be involved in their children's lives. They discussed how providers, with their expertise, could assist parents in pointing out what their children need. Diana specified, "Maybe they need a little heads up because they don't see that things are going—they're not normal—their kid may be not

developing the way they should be," and "Maybe if the doctor mentioned something, I think that would be helpful." Haley, suggested, "They've got years of experience, where, if I was struggling with something, then I could benefit from their experience." Ann remarked, "Maybe getting that direction from the provider makes it seem more real (to the child)." These participants indicated that the provider was a necessary partner in their child's health and well-being.

The eight participants of this study offered an open and candid look inside their understanding and experiences of goal setting. Their willingness to convey their individual perceptions of goal setting to the researcher produced informative results. The analysis of the data provided revealed four major themes that provided greater insight regarding goal setting in mothers of young children: *Parental Knowledge*, *Barriers*, *Process of Goal Setting*, and *Provider Involvement*. These themes along with their related subthemes suggest that the mothers were knowledgeable about goal setting but used variable processes in their goal setting efforts.

CHAPTER 5: DISCUSSION

This study provides insight for nurses and nurse practitioners about the understanding and experiences of mothers regarding goal setting with their VPK children. Although all participants provided descriptions for goals and goal setting, there was not a consensus of a particular phrase or description of this process. In fact, participants acknowledged that they generally do not use the word goal or goal setting very often, with their child or their friends. Four themes were identified during data analysis of the audio-taped interviews. These include *Parental Knowledge*, *Barriers*, *Process of Goal Setting*, and *Provider Involvement*. Each of the themes is described in more detail below.

Parental Knowledge

Although the participants of this study were eventually able to offer a description of goals and goal setting, all of them needed time to contemplate what they thought goals and goal setting meant. Each participant had a unique definition and understanding of goal setting. This unique understanding did not keep them from deciding on goals, setting goals or attempting to complete goal setting processes. However, the lack of a consistent definition of goal setting might lead to confusion between a parent and healthcare provider when neither has the same understanding.

If parents do not have a clear understanding of goal setting, it may difficult for them to understand what nurses or other healthcare providers mean when they ask a parent to set goals. Without sharing the same definition, it is difficult for parents and nurses to communicate effectively about setting goals for children. Therefore, a clearer more consistent definition of goal setting is needed.

Barriers

Parents provided more information related to the theme of goal setting barriers than any of the other identified themes. Although specific barriers were different for each participant, barriers were generally an issue for all participants. Some participants were able to work around barriers, while others were unsure of their ability to set goals for their children associated with barriers they faced. Waiting for the perfect moment, lack of child motivation, and not wanting the child to fail were common barriers that caused angst among parents.

Waiting for the perfect time to set a goal is a vague barrier. Mothers might delay goal setting or continue to wait for the perfect time because they don't know when the right time to set a goal might be, either because they are too busy themselves, or due to the child's age or lack of maturity. Without a clear understanding of goal setting, parents might not know how or when to begin. Although, there is no perfect time to set goals for children, encouraging parents to understand the concept of goal setting would be a good starting point.

Motivating a child to accomplish a goal can be a daunting task. Today's fast-paced world of video games and instant gratification can be difficult to compete with, when setting longer term goals. Participants suggested breaking a goal up into smaller goals, with small rewards along the way to help the child stay motivated to accomplish a larger end goal. For example, a sticker given for each fruit or vegetable eaten at one meal could encourage the child to eat fruits and vegetables at subsequent meals. A bonus reward for eating more than one portion of vegetables at any meal, could result in an additional reward of a small toy or additional sticker. Creative goal-setting strategies could motivate children to continue toward their goal. This is

echoed in the literature regarding rewarding small and large goal attainment (Woolley &

Fishbach, 2017; Presslee, Vance, & Webb, 2013).

Although, it is difficult to see a child fail at something, failure could still be a learning

experience. Some participants identified that the thought of their child being unable to attain a

goal was not only disappointing, but worrisome. When a child is not successful in goal

attainment, it often can lead to discouragement in setting future goals. For example, if a child is

unsuccessful at tryouts for the soccer team, he or she may feel that they will never be good at the

sport. However, when failure is perceived as a learning experience, children are encouraged to

continue with goal setting. In addition, rethinking and revising the goal to make it more

attainable is another strategy that participants suggested. For example, Geraldine stated her child

became "frustrated and overwhelmed" when attempting to attain the goal that she set for him.

Caitlyn stated she "looked at the goal again and broke it down into smaller steps" and this helped

the child to achieve the goal. Brooklyn stated "sometimes, the goal is not reasonable for the

child" and "I thought about what was reasonable for him and changed the goal." The revision of

goals for greater achievement was discussed by Claypool & Cangemi (1983) and (Edvardsson,

2016).

Participants understood that, at times, barriers prevented them from setting and attaining

goals with their children. However, their ability to find a way around the barrier was not obvious.

Nurses working with parents or patients to achieve goals could help them perceive the barrier as

a gateway rather than a stopping point for setting and attaining goals.

Wiart, Ray, Darrah, & Magill-Evans (2010), stated that when the goal setting process is

not defined uniformly, parents are less likely to set goals for their children. A standard definition

of goal setting also may help parents better understand the process. Communication between

parents and a healthcare provider about goal setting could ultimately lead to goal accomplishment for a child. The process of goal setting may vary among parents, so a standardized process might not be needed; however, communication between healthcare providers and parents about the process could also improve goal achievement.

Process of Goal Setting

As previously discussed in Chapter 2, a review of the literature suggests, the need for a clearer definition of goal setting. Based on the literature review and this research, a proposed definition of goal setting is: *the action of a person who has the confidence, commitment, motivation and knowledge to achieve a desired specific activity, that is challenging, measurable, and can be accomplished in a specific amount of time*. For example, when a child is at the age of four or five years old, the parent is the most likely person to set a goal for them. Therefore, it is necessary that the parent have the confidence, commitment, motivation and knowledge to set the goal and help the child attain it. Subsequently, steps can be taken by the parent to proceed with setting and attaining a goal.

The process of establishing and setting a goal may seem obvious to some parents, while others struggle to understand and implement the method. As noted in the proposed definition above, the steps or process of setting a goal include creating a goal that is specific, challenging, measurable, relevant and attainable within a specified amount of time. The parent of a young child will need to establish the most effective process for a particular child. While many parents may be aware of the importance of setting and attaining goals, if they do not recognize the need for challenging (appropriate for the age), relevant (to the child), measurable goals, to be accomplished in a specific amount of time, they are less likely to be successful.

Participants in this study had different ways of deciding what goals were appropriate for the child and how to go about attaining that goal. Some parents used small specific goals that were less challenging, while others had larger goals that were less specific and more challenging. While most participants had relevant goals that had a time limit, they struggled with the measurability. However, if their child had a hard time achieving the goal, the parent would revisit the goal and formulate an adjustment in the process. The process of revising the goal, consistently facilitated goal attainment.

Although the literature suggests that a defined process of goal setting is necessary, perhaps it is not necessary to determine the specific process each parent uses to set goals. If parents can set and help their child attain a goal, is it crucial to change their process? Perhaps a better understanding of goals in general and the process of goal setting and achievement would be helpful. Using the proposed definition, *the process of goal setting involves identifying a desired specific activity or goal, by devising a plan that is relevant and challenging for the child, achievable within a specific amount of time and with success that is challenging and clearly measurable.* The plan for achieving the goal is unique for each activity to be accomplished and the commitment and motivation is unique for each parent.

Provider Involvement

Healthcare providers, including nurses and nurse practitioners, are increasingly asked to do more with patients during an office visit, but are allotted less time to complete these activities. However, providers have an integral role in health promotion considering health literacy levels with patients. Parents need nurses and other healthcare providers to be involved in their children's healthcare. Parents also count on providers to tell them when their children are not on

track with milestones, or other health related issues. Participants in this study noted that healthcare providers often seemed too busy to answer routine questions; and, although a few mentioned goals, none stopped to explain the process or offer any educational material on the subject.

Nurses, nurse practitioners and other providers should provide educational materials to parents at wellness visits that focus on children's growth and development. However, participants stated they usually do not receive educational materials from providers when there is an issue or illness. For example, they receive materials regarding nine-month milestones, but not receive materials regarding the common cold or sleep issues. In addition, none of the participants received educational materials regarding goal setting and only Frances stated that she received educational handouts routinely at well visits.

Participants suggested providers address, in more detail, a current issue or medical problem at the visit. Haley stated she would like for the provider to take the time to explain the issue and some specifics about what should happen between the current visit and the next. Participants discussed that even if a provider is busy, there is time to offer educational material at each visit. The participants stated that there is a new milestone or issue for which goal setting should be offered, at most visits.

Nurse practitioners could offer a brief introduction to goal setting and the necessary components to include to increase the likelihood of success (relevance to the child, measurability, specific time frame, etc.). If a parent expresses more interest in goal setting, providers could help them set a specific goal and develop a plan that is measurable and could be achieved in a specific amount of time. Parents could then return after a specified time, to examine the success or failure of goal attainment and be helped to adjust the goal or process if

needed. Future visits with the nurse practitioner could be used to provide more education and refine new goals if needed. However, it is important for nurse practitioners to take the time to discuss the effectiveness and success of the goal setting process at the follow-up visit.

Research regarding provider and nurse involvement with patients who have chronic conditions or need palliative care (Cabana et al, 2014). Oien, Fallang and Ostensj (2010) found that parents desired and requested information from the providers regarding their children's health for both routine care and when there was a health issue. Parents, in another study, reported they needed providers to help them develop goals with smaller steps that were also specific and in tune with their children's capabilities (Oien, Fallang, Ostensj, 2010). Participants in this study were eager for their provider or nurse to demonstrate more vested interest in their children's health. The challenge for healthcare providers is finding the time to incorporate these strategies into time-limited routine office visits.

Participants had their own unique plans for determining their goals and their plans to attain these goals with their children. This uniqueness did not interfere with goal setting or goal attainment. However, other barriers were identified that need to be addressed and researched to find ways to enable parents to attain positive health goals for their children. Encouraging providers to recognize barriers that interfere with goal achievement and help parents address these when setting and working to achieve goals could lead to greater goal attainment success. This would also enable providers to be more involved in goal setting processes, better understand the unique processes parents use and the challenges they face. Gaining a better understanding of barriers could help providers empower parents in their efforts with goal setting and goal attainment for their children. Thus, giving providers greater opportunities to have more positive impacts throughout childrens' lives.

Participants' knowledge, understanding and processes of goal setting, no matter how unique, did not stifle goal setting efforts. Perhaps discussing parents' unique perception of goals and goal setting is where providers need to begin conversations about goals and goal setting. In this way, providers and parents could communicate more effectively with each other to help parents and children set and attain goals for healthier lifestyles.

Nursing Implications

The findings from this research provide insight for nursing implications. While qualitative research does not lend itself to generalizability, transferability is possible. The findings from this research can be transferred or applied in similar situations (Universal Teacher, 2017). The following nursing implications for practice, education, policy and research are provided with transferability in mind.

Practice

Nurses are on the front line helping to promote health and educate parents and goal setting is an effective tool that can be used. When a nurse has insight into the knowledge parents already have regarding a topic or concept, they have a starting point. Understanding parental knowledge and literacy level pertaining to goal setting, helps nurses and other healthcare providers assist parents with goal setting. Educating parents, answering questions and encouraging them through the process of goal setting enhances health literacy for the family. Parents who express a need to learn about goal setting are more likely to be successful at setting reasonable, achievable goals for their children. The more successful a child is in attaining positive healthcare goals, the more likely he or she will continue to use these processes

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throughout life. This, in turn, could lead to healthier adults, who have the knowledge to continue to use goal setting to maintain their health throughout their lives.

Setting goals, developing plans to attain these goals and working through barriers obstructing goal attainment, can help a parent and child to reach desired health outcomes. Examples of goals include, but are not limited to, weight management, diabetes control, exercise, asthma control, activities of daily living, independent living, medication compliance and/or increasing quality of life. Nurses can encourage goal setting and attainment to promote positive health behaviors of patients.

Education

Findings from this study suggest better communication is needed between parents and healthcare providers regarding setting and attaining goals. In this research, parents had unique processes for setting and attaining goals for their children. Although different, many of these processes led to successful goal attainment, suggesting that a universal process of goal setting might not be needed if all components of goal setting are used. However, parents often are stymied in the process of setting goals for their children. Often, they were discouraged by the lack of involvement of healthcare providers with determining appropriate healthcare goals and plans to achieve these goals. Better education for nurses and healthcare providers is needed to promote more effective communication about goal setting and attainment between healthcare professionals and parents. Helping parents recognize and overcome barriers that interfere with goal achievement is a way for providers to be more involved with their patients to help them achieve optimal health. Furthermore, parents might be more willing to express their need for help

when providers are interested in their goal setting to improve the health of their children and families.

Parents/Caregivers

Findings from this study revealed that mothers of preschool children had a general understanding regarding goals and the goal setting process. Although the definitions and processes were unique for each participant, most were able to set achievable goals for their children, though some participants needed to revisit the goals and make adjustments in order for their children to reach goal attainment. Participants discussed barriers to goal setting. One of these barriers was not wanting their children to fail. Failing, however, can lead to success, especially when learning occurs. Learning from failure is an important cognitive function of childhood and can provide powerful lessons later in life (Catalano,Redford, Margoluis, & Knight, 2018). It is important for parents and caregivers to understand the different developmental stages of their children. Appropriate goals for children will depend on their age, both chronologically and developmentally. Setting goals appropriate for the child's developmental stage would limit the chance of failure to attain the goal.

Parents who have never set goals before can be educated by considering their literacy level. A variety of methods can be used, including educational handouts provided during office visits, one-on-one instruction of the nurse or provider, or even instruction about goal setting in a group setting. Parents who used goal setting previously and feel comfortable with the processes should be given encouragement and support. Subsequently, when parents encounter barriers, nurses and other healthcare providers should offer recommendations with overcoming barriers.

Consistently discussing goal setting can lead to better rapport between parents, nurses and other healthcare providers, thereby increasing goal attainment.

Healthcare Professionals

Teaching healthcare professionals how to help their patients set goals is another way to increase knowledge of goal setting. Healthcare professionals need to be comfortable educating patients regarding goal setting and how to work through barriers for attaining goals. However, they must take the time at each visit to discuss goal setting and achievement and plans for future goals with the parent and child. They also need to be able to recognize when a parent is facing a barrier interfering with goal setting or achievement and in turn help them navigate around the barrier to achieve better health for the child.

Participants discussed their frustration when primary care providers appeared "rushed" and felt like they wanted to "just get my child in and out". Participants did not want to "bother" providers, when they felt the provider seemed rushed and could not take time to discuss developmental milestones or problems the child was having. Education of healthcare professionals regarding goal setting will be a moot point if they do not allow enough time to assess the goal setting needs of their patients and families during office visits.

When a healthcare professional witnesses a parent struggling to set or attain goals with their children, action to help the parents needs to happen quickly to avoid frustration. The healthcare professional can approach the parent using different strategies. Most importantly, the professional needs to recognize that a parent must understand the value of goal setting and understand the process for goal attainment and also be ready and motivated to pursue setting

goals with the child to be successful. If there is no motivation or commitment, even the most well-educated parent will not be able to help a child attain a goal.

Educating healthcare professionals can be accomplished by reading journal articles regarding the concept of goal setting, as well as participating in Continuing Education programs, lectures, conferences and academic courses. In addition, healthcare professionals need to advocate for allowing more time with their patients, during a routine office visit. Taking an extra five to ten minutes with parents to help them with setting goals with their children, or working around barriers, not only helps providers develop a professional bond with families, but also helps families feel as if their provider cares about them and their health.

Students

Students in nursing programs have probably set many small goals to achieve their academic accomplishments. Most nursing and other healthcare professional programs are rigorous, and students need to remain organized and focused to succeed. However, the way that students understand, set, and attain goals may be different from the way patients or families understand and set goals. Students need to be able to understand the general process of goal setting, so they can communicate more effectively about goal setting when helping patients and their families attain their goals. Students need to be taught how to take the time to listen to patients and families, in order to assess barriers that may interfere with goal attainment. Personal knowledge and experiences of effective goal setting can be helpful, but it is important to know how to communicate this information when working with patients and families.

During clinical rotations, nursing and other healthcare professional students have an opportunity to educate patients, families and other healthcare professionals. Students could be

taught the components of effective goal setting, then apply what was learned in class to help their patients or patients' families create one or more healthcare goals. Creating goals for patients in different clinical settings would reinforce the skill and teach the importance of goal setting. Students can also teach a short in-service lesson regarding goal setting to the healthcare staff available to them. This would allow the students a way to help nurses and other healthcare providers understand goal setting and continue setting goals after the course or rotation is completed.

Policy

Young children, especially those who are in low socioeconomic status (SES) families, have a disadvantage regarding learning and health and subsequent health literacy levels (Christensen, Schieve, Devine, & Drews-Botsch, 2014). The Head Start Program was founded in 1965 and designed to promote school readiness for young children from low income families. Head Start services include early learning, health promotion, and family well-being.

Head Start policy 1302.50 Family Engagement, explains that the organization will collaborate with families in partnerships that support the family's health and well-being (Head Start, 2018). Collaborating with families regarding goal setting and attainment to enhance health education strategies, could enhance the well-being of children. Head Start could include goal setting education, strategies, and processes to help parents set and achieve positive health goals for their children. This education could include setting goals and revising them as needed to promote such positive health behaviors as brushing teeth, general hygiene, healthy eating and sleep habits. By teaching parents about goal setting and the necessary components for success,

parents will have more effective strategies to help their children achieve healthier lifestyle behaviors.

Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by approximately 90% of America's 3rd Party healthcare plans to measure performance of providers regarding patient care. HEDIS guidelines suggest items that providers should complete to benefit the patients' health as well as for maximum reimbursement (HEDIS, 2018). Nursing leaders and nursing organizations should advocate for these guidelines for nurses and nurse practitioners to incorporate reimbursement for goal setting strategies into wellness office visits.

Bright Futures is a resource guide for national health promotion and prevention of pediatric patients developed by the American Academy of Pediatricians (Hagan, Shaw, & Duncan, 2017). The AAP promotes use of the *Bright Futures* guidelines for each pediatric wellness office visit (Recommendations for Preventative Pediatric Health Care, 2017). The guidelines include priority topics to discuss with parents at each visit. Topics encompass sleep routines, hygiene, emotional and physical development, safety and nutrition. Although Bright Futures offers numerous suggested topics for providers to address at wellness visits, goal setting education is not addressed. Including goal setting in *Bright Futures* would be helpful to remind providers to offer parents instruction on goal setting and benefit health promotion for children.

Research

This study revealed the experiences and knowledge of mothers regarding goal setting with their children enrolled in a VPK program. However, more research is needed on this topic. Recommendations for future research include:

- Examining the understanding and experiences about goal setting of fathers and other caregivers of children enrolled in a VPK program about goal setting. This would allow for a different perspective on goal setting.

- Examining goal setting with parents of school-age children (e.g. elementary, middle and high school). This information could yield a different viewpoint of goal setting from a developmental stage of children.

- Including children in research to learn about their understanding and experiences with goal setting.

- Developing a valid and reliable tool to assess the understanding and knowledge of providers, as well as parents, regarding goal setting to develop longitudinally appropriate and tailored interventions.

- Exploring how providers implement goal setting and patient outcomes into routine patient care to establish evidence to incorporate successful methods of goal setting into patient care.

Study Limitations

1. Including a broader geographic area with a more diverse ethnic population could have allowed for a broader perspective on parental goal setting.

2. While qualitative study findings cannot be generalized, insights from the narrative responses may be transferrable to others in similar contextual settings. Additional studies are needed to determine cultural and developmental associations if any.

3. Exploring the child goal setting behaviors of fathers to learn how these are the same or differ from maternal goal setting.

Conclusion

In summary, the use of narrative inquiry provided insight into the experiences and understanding of mothers with VPK children regarding goal setting. Eight mothers participated in semi-structured interview conducted by the researcher. Major themes that emerged from data analysis include: Parental Knowledge, Barriers, Goal Setting Process and Provider Involvement. In addition, multiple subthemes for each major theme were identified. The emergence of these themes provided a greater understanding of goal setting, the processes used and interfering barriers. Goal-setting can be an effective strategy to help children achieve important health goals, but mothers often need assistance in determining appropriate goals and helping their children reach them. Communication between mothers and their nurses or other healthcare providers about goals setting is often limited or non-existent, suggesting a need for better communication about this important topic. Instructing parents regarding goal setting can be instrumental to helping them be successful with promoting good health behaviors with their children. The goal setting process may not need to be exact to be successful, but parents need some instruction to begin the process.

Educating nurses, other healthcare providers, parents, and students regarding the importance of understanding the unique processes parents use and the barriers they face, when setting goals for their children will be beneficial. Incorporating goal setting into routine care can be an effective strategy to help patients to attain their health-related goals. Although this study provided insight, more research is needed to fully understand the experiences and understanding of goal setting in different populations.

The findings from this study allowed the researcher to make suggestions about ways to incorporate goal setting into the healthcare provided by nurses and other healthcare providers, as well as the education of parents, students and providers. Additionally, the need for incorporating goal setting into current nursing and healthcare policy was addressed.

APPENDIX A: STUDY BROCHURE

Are you a VPK Mom???

A Nurse Practitioner student at the University of Central Florida, in the PhD Program is studying how mothers set goals for their children.

You can participate in the study if:

- **You can speak, read and write in English**
- **You are the mother of a student in VPK**

Your part in the study would be to:

- **Have an interview with the student**
- **Answer a few simple questions about yourself**

Mothers who take part in the study will receive a $20 gift card to Wal-Mart to thank them for their time.

For more information please contact:

Dawn Eckhoff at 321-213-2435.

APPENDIX B: DEMOGRAPHIC INFORMATION QUESTIONNAIRE

1. Age?

    (0) Under 17-19 years old

    (1) 20-25 years old

    (2) 26-34 years old

    (3) 35-42 years old

    (4) 43-51 years old

    (5) 52-59 years old

    (6) ≥ 60 years old

2. Highest level of education you have

completed?

    (0) some high school

    (1) completed high school

    (2) some college

    (3) trade/technical/vocational training

    (4) college graduate

    (5) other

3. Race or ethnicity? (self-defined)

    (0) Caucasian

    (1) Hispanic or Latino

    (2) Black or African American

    (3) Native American

    (4) Asian / Pacific Islander

    (5) Other

6. Number of children in the home?

    (0) 1 child

    (1) 2 - 3 children

    (2) 4-6 children

    (3) More than 6 children

7. What is the birth order of your VPK child?

    (0) Only Child

    (1) First Born

    (2) Middle Child

    (3) Last Born

8. Single Parent?

Yes_____   No_____

APPENDIX C: NARRATIVE INQUIRY SEMI-STRUCTURED QUESTIONS

I am studying goal setting by mothers of a child who attends VPK in Brevard County, Florida.

Tell me, when I use the word "goal"

- What does this mean to you?

- What does goal setting mean to you?

- Can you give me an example of how you set a goal for your child?

- What prompted you to set this particular goal for your child?

- How successful was your child in achieving this goal? Can you give an example?

    o What worked?

    o What didn't?

    o What would you do different next time?

- Is there anything you would do differently the next time you set a goal?

- Reflecting back, how did you learn about goal setting?

    o Can you give me an example?

- For the future, how could a nurse practitioner help you or other parents to determine and set more appropriate goals for your child?

- Do you have any other comments?

Thank you

APPENDIX D: INFORMED CONSENT

Understanding the Perceived Experiences of Goal Setting of Preschool Parents:

A Narrative Analysis

Informed Consent

Principal Investigator: *Dawn O. Eckhoff, PhD Candidate*

Co-Investigator(s):

Faculty Advisor: *Josie Weiss, PhD*

Sponsor: *American Academy of Nurse Practitioners*

        Sigma Theta Tau, Epsilon Chapter

Investigational Site(s): *Indian River City Methodist Preschool Program*

        Holy Spirit Catholic Church Preschool Program

        Brevard County Voluntary Pre-Kindergarten Program

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited

to take part in a research study which will include about 15 people who are the mothers of children in a Voluntary Pre-Kindergarten Program in Brevard County, Florida. You have been asked to take part in this research study because you are the mother of a Voluntary Pre-Kindergarten Program in Brevard County, Florida. You must be 18 years of age or older to be included in the research study.

The person doing this research is Dawn O. Eckhoff, PhD student of the College of Nursing. Because the researcher is a graduate student she is being guided by Josie Weiss, PhD, a UCF faculty advisor in the College of Nursing.

What you should know about a research study:

- Someone will explain this research study to you.

- A research study is something you volunteer for.

- Whether or not you take part is up to you.

- You should take part in this study only because you want to.

- You can choose not to take part in the research study.

- You can agree to take part now and later change your mind.

- Whatever you decide it will not be held against you.

- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this narrative study is to examine the self-described understanding and experiences of mothers regarding general goal setting throughout the lives of their preschool children.

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What you will be asked to do in the study:

- *Answer demographic questions from the researcher*

- *Discuss types of goal setting you have done with your preschool child with the researcher*

- *Have an interview with the researcher for less than one hour*

You do not have to answer every question or complete every task. You will not lose any benefits if you skip questions or tasks.

Location: The interviews will be conducted at your child's school in a private room, at a local public place with a private booth or at your home if you chose.

Time required: We expect that your interview will take less than one hour for this research study. This may be done in one or two sessions.

Audio or video taping: You will be audio taped during this study. If you do not want to be audio taped, you will be able to be in the study. Discuss this with the researcher. If you are audio taped, the tape will be kept in a locked, safe place. The tape will be erased or destroyed after 7 years.

Funding for this study: This research study is being paid for by the American Academy of Nurse Practitioners and Sigma Theta Tau International, Epsilon Chapter.

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: There are no expected benefits to you for taking part in this study.

Compensation or payment: Compensation for your participation will be a $20 gift card to a local merchandise store for the completed interview session.

Confidentiality: We will limit your personal data collected in this study to people who have a need to review this information. We cannot promise complete secrecy.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, talk to Dawn O. Eckhoff, Graduate Student, PhD Program, College of Nursing, (407) 823-4940 or Dr. Josie Weiss, Faculty Supervisor, College of Nursing at (407) 823-2198 or by email at josie.weiss@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.

- You want to get information or provide input about this research.

Withdrawing from the study: If you decide to leave the research, there will be no adverse consequences. If you decide to leave the study, contact the investigator so that the investigator can remove your information from the study. The person in charge of the research study or the sponsor can remove you from the research study without your approval. The sponsor can also end the research study early. We will tell you about any new information that may affect your health, welfare or choice to stay in the research.

APPENDIX E: UCF IRB LETTER

University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Determination of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Dawn Eckhoff**

Date: **November 16, 2017**

Dear Researcher:

On 11/16/2017, the IRB reviewed the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination, Category 2
Project Title:	Perceived Experiences of Goal Setting among Mothers of Preschool Children: A Narrative Analysis
Investigator:	Dawn Eckhoff
IRB Number:	SBE-17-13465
Funding Agency:	American Academy of Nurse Practitioners(AANP)
Grant Title:	
Research ID:	26028107

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

This letter is signed by:

Renea Carver

Signature applied by Renea C Carver on 11/16/2017 02:50:47 PM EST

Designated Reviewer

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APPENDIX F: THE KIDS' PLACE CONSENT LETTER

The Kids' Place
Christian Learning Center
IRC United Methodist Church
1255 Cheney Highway
Titusville, FL 32780-3050
Ph: 321.267.7308 · Fax: 321.267.5299

March 6, 2017

To whom it may concern,

The Kids' Place, a ministry of Indian River City United Methodist VPK program will gladly support a preliminary, exploratory research study to be conducted by Dawn O. Eckhoff, PhD Candidate, MSN, ARNP from the University of Central Florida (UCF) to determine the knowledge and understanding of goal setting of parents with preschool children. Gathering this information will contribute to the acquired awareness of the understanding and experiences parents have with their preschool children related to goal setting. This information can then be used by nurse practitioners to guide parents, nurses and other healthcare providers in the development of consistent goals in order to change health behavior in children.

We will work with Dawn O. Eckhoff to recruit parents who have a child enrolled in the VPK, pending approval of the study from the UCF Institutional Review Board. Dawn will provide a written consent form to be given to parents of prospective participants. This consent form will explain the purpose and expected involvement of these parents. We understand that the parent may then decide to accept or decline this invitation to be part of the research study.

The Indian River City, First United Methodist VPK program is committed to promoting parental involvement in the lives of their child enrolled in our VPK program and is eager to support this type of research. Therefore, we will certainly support Dawn O. Eckhoff in conducting this preliminary study to determine the knowledge and understanding of goal setting of parents with preschool children

Sincerely,

Heather K. Quidort
The Kids' Place Executive Director

Toddle Inn · Preschool † Before & After School † Summer Program

APPENDIX G: FIRST UNITED METHODIST CHURCH CONSENT LETTER

First United Methodist Church Of Titusville

Glorify • Grow • Share

Rev. Fred Ball
Pastor
pastor@fumctitusville.com

Carol Henn
Director of Music

Rachael Sumner
Director of Preschool

Mario Davis
Church Administrative
Assistant and Treasurer

Sandy Bandieri
Director of Adult
Ministry

J.D. Daniel
Organist/Pianist

Amy Martin
Children's Ministries

Keith Meck
Facilities Manager

Keith Cooke
Financial Secretary

Steve Rossi
Audio Technician

Josh Huss
Video Technician

*Our purpose is to make
disciples of Jesus Christ.
We do this when we:*
† *Receive and glorify
God.*
† *Grow in Faith.*
† *Share God's Love.*

March 6, 2017

To Whom It May Concern:

The First United Methodist Voluntary Pre-Kindergarten (VPK) Program will gladly support a preliminary, exploratory research study to be conducted by Dawn O. Eckhoff, PhD Candidate, MSN, ARNP from the University of Central Florida (UCF) to determine the knowledge and understanding of goal setting of parents with preschool children. Gathering this information will contribute to the acquired awareness of the understanding and experiences parents have with their preschool children related to goal setting. This information can then be used by nurse practitioners to guide parents, nurses and other healthcare providers in the development of consistent goals in order to change health behavior in children.

We will work with Dawn O. Eckhoff to recruit parents who have a child enrolled in the VPK, pending approval of the study from the UCF Institutional Review Board. Dawn will provide a written consent form to be given to prospective participants. This consent form will explain the purpose and expected involvement of these parents. We understand that the parent may then decide to accept or decline this invitation to be part of the research study.

First United Methodist Preschool is committed to promoting parental involvement in the lives of their child enrolled in our VPK program and is eager to support this type of research. Therefore, we will certainly support Dawn O. Eckhoff in conducting this preliminary study to determine the knowledge and understanding of goal setting of parents with preschool children

Sincerely,

Rachael Sumner

Rachael Sumner
First United Methodist Preschool Director

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