

# Parent and Child Perceptions of the Benefits of Research Participation

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**Table 1.**  
**Child and Parent Demographics**

*Variable n (%); or mean (SD), range*

Child's age	12.56 (2.82), 8-17
Parent's age	42.26 (7.23), 27-65
Child's sex: female	93 (52%)
Parent sex: female	166 (92%)
Child's race	
black or African American	60 (33%)
Asian	3 (2%)
white	106 (59%)
other	10 (6%)
missing	1 (1%)
Is the child Hispanic or Latino?	
no	172 (95%)
yes	7 (4%)
missing	1 (1%)
Income	
less than \$19,999	26 (14%)
\$20,000-\$39,999	33 (18%)
\$40,000-\$59,999	19 (11%)
\$60,000-\$79,999	12 (7%)
\$80,000-\$99,999	18 (10%)
more than \$100,000	55 (31%)
prefer not to answer	17 (9%)
Parent education	
some high school	8 (4%)
completed high school	36 (20%)
some college or technical school after high school	47 (26%)
college graduate	49 (27%)
some postcollege graduate education	10 (6%)
master's, PhD, MD, law degree	30 (17%)
Family structure	
two parents	116 (64%)
two parents, stepfamily	10 (6%)
single parent	54 (30%)

**Table 2.**  
**Protocol Details for Enrolled Participants (n = 180)**

Division	n (%)
allergy/immunology	17 (9%)
cardiology	9 (5%)
endocrinology	7 (4%)
gastroenterology, hepatology, & nutrition	18 (10%)
general pediatrics	58 (32%)
hematology	4 (2%)
nephrology	3 (2%)
neurology	6 (3%)
oncology	1 (1%)
orthopedic surgery	5 (3%)
pulmonary	23 (13%)
radiology	1 (1%)
rheumatology	28 (16%)
Is the study interventional or observational?	
interventional	44 (24%)
observational	136 (76%)
For interventional studies only:	
allocation	
single arm	6 (14%)
randomized controlled trial	37 (84%)
nonrandomized trial	1 (2%)
Risk category	
minimal	147 (82%)
minor increase over minimal	27 (15%)
greater than minimal	6 (3%)

**Appendix.**  
**Examples of Responses to Open-ended Item about Potential Benefits**

	<i>Parent responses</i>	<i>Child responses</i>
Direct health benefit	<p>“Would like to see it cured but just to help it not get any worse.”</p> <p>“Cured of peanut allergy.”</p>	<p>“Improve lung functioning; get mucous out of my lungs” (age 17).</p> <p>“I have a bleeding problem and they might be able to fix it” (age 11).</p>
Future health benefit	<p>“In the global sense of health, whenever you do research, treatments may be improved and benefit you in the future.”</p> <p>“General research at the hospital could eventually help your child.”</p>	<p>“Maybe they will find better treatments that will directly benefit me in the future” (age 13).</p> <p>“Possibly in the future by helping doctors find a cure” (age 17).</p>
Improve understanding of the condition	<p>“Better understanding of his condition.”</p>	<p>“Because then I could learn more information about asthma” (age 11).</p>
Quality of life	<p>“Quality of life.”</p>	<p>“I will be able to sit at any part of the table at lunch at school, because I won’t be allergic anymore” (age 8).</p>
Help others	<p>“They could end up finding a diagnosis or treatment that could be beneficial to a lot of people.”</p>	<p>“Help other children” (age 9).</p>
Contribute to medical knowledge	<p>“Increased knowledge.”</p>	<p>“Cause it could teach the doctor something, help them figure out stuff” (age 11).</p> <p>“Help researchers figure out the best way to do it” (age 13).</p>
Emotional benefit	<p>“Helping her feel like she is doing something positive with a condition she didn’t choose to have.”</p>	<p>“Help me be more active, bring mood back to where it was before I got sick” (age 17).</p>
Find out if or why the child has the condition	<p>“Can find out why she bleeds.”</p>	<p>“If they get more tests done they could probably find out what causes it” (age 14).</p>
Monitor the child’s health	<p>“It will keep me up to date about her health.”</p>	<p>“Can monitor your health” (age 17).</p>
Access to new, better, or more thorough treatments	<p>“Having an extra set of eyes, more thorough, longer echo.”</p>	<p>N/A</p>