

CHAPTER 1

INTRODUCTION

This first chapter describes background and significance of research problem, objective of the study, research question, scope of the study, and definition of terms.

Background and Significance of Research Problem

Hospitalization of a child is an unexpected stressful situation for many family members, forcing the ill child's parents to change their parental roles to care for the child; at the same time, they must carry on their responsibility of taking care of their other children as well as other duties. These circumstances become more severe when their child suffers from anxiety, body alterations due to the illness, separation from parents, and faces death (Youngblut, 1998). Hospitalization has long been viewed as an event significant for both young children and their families (Broome, 1998; Melnyx, 2000; Thompson, 1985). Many factors contribute to the stress and anxiety that these children and their parents experience including unfamiliarity with the environment, uncertainty regarding outcomes, and painful procedures (Melnyx, 2000). However, the greatest stressor for hospitalized children, especially those under 7 years of age, stems from the separation from their parents (Ziegler & Prior, 1994). Parents typically protect their children from danger. As such, children feel pressured by their parents' attempts to protect them from pain due to medical treatment and frightening events during hospitalization (Canright & Campbell, 1977).

Developmentally, a younger child is more likely to experience stress by hospitalization than an older child (Wright, 1995). As a result, parents tend to become overly involved in providing routine care for their very young child (Balling & McCubbin, 2001). Institutional practices concerning family-centered care have made important strides in reducing stress during the past decade (Johnson, Jeppson, & Redburn as cited in Broome, 1998). However, both young children and their families are still vulnerable to various stressors during hospitalization (Broome, 1998).

Efforts have been made to reduce unwanted effects of hospitalization, specifically by minimizing the separation of young children and their parents during the child's daily routine care. Consequently, parent participation in the care of the hospitalized child is accepted as the norm and regarded as beneficial for both children and parents (Kristensson-Hallstrom, 2000). The definition of parent participation as found in western literature is defined as allowing parents to stay near and be involved in decision making related to their child's care and keeping them informed about all aspects of their child's care (Coyne, 1996; Neill, 1996b). Stull and Deatruck (1986) define it as specific activities pertaining to parent participation during a child's hospitalization and are divided into three groups (a) direct involvement activities such as routine physical care and comforting, (b) indirect involvement activities such as conferences with staff, and (c) refueling activities such as spending time with other parents. Schepp (1992) identified four components of parent participation, including (a) participation in routine care (e.g., staying with their hospitalized child, feeding the child, giving a bath, and changing the child's clothes), (b) participation in decision-making, (c) participation in technical care (e.g., check vital signs, physical

examination, and administering medications), and (d) participation in sharing information.

In Thailand, parents have always been expected to play a role in the care of their hospitalized child. Today, parents not only accompany their child into the hospital, but are also encouraged to stay and participate in their child's care 24 hours a day. Nevertheless, there is still limited understanding about Thai parent's participation in the care of their hospitalized children. Previous studies focused on the needs and responses to parents of hospitalized children (Phongkampan, 1994; Sawangsri, 2001; Yapvattanapan, 1997). Yet, few studies have examined parent participation in the hospitalized child's care investigating the opinions, perceptions, attitudes, knowledge, and abilities of parents to provide care for their child (Chaichana, 2002; Haemin et al., 1993; Singhajindawong, 1994). These studies were constructed from the researcher's perspectives of how individuals might think and behave and mostly based on western concepts.

The researcher conducted a pilot study looking at parent participation in the care of their hospitalized child with chronic illness (Pongjaturawit, 2001). The participants included 6 Thai parents of children admitted to a pediatric unit of a provincial hospital in northern Thailand. Through in-depth interviews it was found that all of the parents wanted to participate in their child's care. They described several activities of care that they provided for their child. These activities were categorized into four concepts: basic care, technical care, seeking information to give better care to their child, and child's emotional support. Basic care included bathing, resting, feeding, and toileting. Technical care consisted of helping nursing staff in checking vital signs, recording intake-output, observing signs and symptoms such as

edema, pain, and fever, and administering medication while observing for side effects. In addition, parents sought information to help them with their child's care and emotional support such as encouragement, touch, and massage. The parents emphasized that they desired to be with their children during performing procedures such as being in the treatment room or being present during physical examination, but this was not allowed. They also needed more information about conditions and treatments of their child and how to care for their child. They expressed their feelings about participating in their child's care. These feelings were classified into both positive and negative feelings. Positive feelings included feeling glad, good, dignified, and feeling that they could help their child recover more rapidly. Negative feelings included discomfort, fear of making a mistake, complaining of nurses, and feeling that nurses could care for their child better. These results showed some different viewpoints from the western studies (Jones, 1994; Schepp, 1992; Stull & Deatrick, 1986), particularly the types of parent participation in Thai parents' perspectives and the feelings of parents about participating in their hospitalized child's care. These results may be because Thai parents mostly believe and trust in the capability of health care providers in caring for their hospitalized children. Thus, they usually follow the advice of doctors and nurses and rarely have opportunities to make decisions about their child's care during the period of hospitalization.

In a review of existing literature related to parent participation in the care of hospitalized Thai children, no empirical data currently exists for parent participation in the care of hospitalized Thai children, especially young children. Thai health care providers, therefore, lack understanding and insight into the viewpoints and experiences of Thai parents who provide care for their young children during

hospitalization within the Thai socio-cultural context. Cultural influences on the organization of parent participation in the care of their hospitalized children must be considered. Although similarities are probable, significant differences related to the cultural context may also exist. In this way, the present study was conducted with the aim to explore the process of Thai parents participating in the care of hospitalized young children. Thus, a grounded theory study is particularly appropriate for this research and is necessary to explore the process of participation and to gain explicit insights into the experiences of Thai parents who provide care for their young children during hospitalization.

Objective of the Study

The objective of this study was to explore the process by which Thai parents participate in the care of their hospitalized young children.

Research Question

What is the process of parent participation in the care of hospitalized young children?

Scope of the Study

This qualitative study aimed at exploring the process of parent participation in the care of their hospitalized children using Strauss and Corbin (1990) grounded theory methodology. Subjects included Thai parents whose children (0-5 years-old) were hospitalized at a general pediatric ward at Chon Buri Hospital, eastern Thailand.

Definition of Terms

Using a grounded theory, the researcher seeks to understand the meanings of the phenomenon created by informants. Therefore, the term of parent participation in their child's care was defined by informants. However, a preliminary definition of parent participation in their child's care was provided for the interview guide.

Parent participation in the care of hospitalized young children refers to the process by which Thai parents become involved in caring for their children during hospitalization.

Hospitalized young children are Thai boys or girls aged five or younger who were admitted to the hospital.

Parents are Thai fathers or mothers who provide care for their ill children five-year-old or younger during the period of hospitalization