CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

This chapter is presented in three parts. The first part contains the conclusions of the study. The second part provides implications and recommendations of the study which focuses on nursing practice, nursing education, and nursing research. The third part discusses the limitations of the study.

Part 1: Conclusions of the Study

The purpose of this study was to explored the process by which Thai parents participate in the care of hospitalized young children. Symbolic interactionism underpinned the grounded theory methodology and the research process of this study. A substantive theory, grounded in the perceptions and action/interaction strategies of nineteen Thai parents, was developed to illustrate the conditions and factors influencing the basic social process of "doing anything for an ill child" of Thai parents who participated in the care of hospitalized young children. This is a process in which Thai parents accompany their ill child into the hospital and stay with them at the bedside all the time and participate in everything that they can to improve their child's well-being. The process of "doing anything for an ill child" is dynamic, having a change or movement from phase to phase in a non-linear manner and sometimes different phases emerge simultaneously. Importantly, each phase of the process cannot be separated, but overlaps with the next.

The process of “doing anything for an ill child” of Thai parents who participate in their hospitalized young child’s care is divided into three phases. The first phase is carrying on home practices with parents being there. In this way, they not only stayed with the child all the time but also attentively watched their ill child. Moreover, in this phase, the parents are providing basic care, including physical, psychological and emotional care as well as environmental and safety care such as cleaning the child’s body, oral feeding of food and milk, taking care of sleep, taking care of bowel movements, playing with the child, pacifying the child, protecting the child from mosquitoes, and guarding the child from falling off the bed, etc. Therefore, in this phase, the parents are participating in their child’s care like when they look after their child at home; and then they are learning new things related to the child’s condition, treatment, and care in the hospital in order to better take care of their child.

The second phase is learning new things--the parents need to learn more about their young child’s care in order to best take care of the child, because they are concerned about the child’s safety and well-being. This phase is divided into four subcategories, including self-learning such as reading from books, manuals, and leaflets about caring for an ill child; observing and/or asking others such as observing the practices of other parents or talking with and questioning other parents, friends, or relatives; exchanging information with health care professionals about their child’s condition and care by both giving information to and asking for information from health care providers; and being trained by nurses to perform nursing procedures--by learning and practicing from the nurses’ advice and recommendations on nursing procedures for the child.

The last phase of “doing anything for an ill child” is working together with health care professionals in their child’s care during which the parents must be responsible for deciding their child’s care by themselves, or with help from their families and/or co-deciding with health care professionals. This co-deciding could involve such things as giving informed consent for allowing professionals to perform treatments and care, or deciding when to administer a tepid sponge when the child had a fever. Moreover, in this phase, the parents are also participating in technical care, including providing child’s care by themselves under nurses’ advice and providing child’s care by working together with the nurses such as checking vital signs, tepid sponging, recording intake and output, giving oral or spray medicine, taking care of the child while receiving an oxygen box treatment or intravenous fluid.

The process of “doing anything for an ill child” consists of two categories of causal conditions requiring the participation of parents in the care of hospitalized young children: concerning about the needs of an ill child for the presence the parents to be represented in communication and helped in daily care; and concerning about self by which the parents wants the child’s well-being and shows a sense of caring for an ill child while maintaining the parental roles. These two causal conditions lead to the phenomenon of doing anything for a young child during hospitalization. In addition, this process is undertaken under four contexts, including belief in the capability of physicians and nurses, ward environment, utensils and accessories available for an ill child, and visiting rules. There are also various intervening conditions on “doing anything for an ill child”: communicating with health care professionals, being accepted by others in their child’s care, accepting the maternal role in their child’s care, time availability, child’s dependency, and distance from home to hospital. The consequences of “doing anything for an ill child” are that parents perceive the outcomes of doing anything for an ill child and these outcomes include the outcomes of children, improving the child’s well-being and the outcomes of parents, being exhausted and lonely. However, the parents are still capable of overcoming these sufferings and therefore developing an optimistic attitude towards “doing anything for an ill child”: decreasing anxiety and stress, plus willpower and self-worthiness and new knowledge about their child’s care. The last consequence is the outcomes of nurses, as the process helps decreasing the nurses’ workload.

Part 2: Implications and Recommendations of the Study

The findings of this study provide several implications for nursing practice, nursing education, and recommendations for future research as follows:

Implications for Nursing Practice

The findings of this study can enhance health care providers knowledge, especially nurses, to clearly understand and to be aware of the process of “doing anything for an ill child” when Thai parents participate in the care of their hospitalized young children. Moreover, the findings provide the directions for nursing interventions, which focus on enhancing Thai parents to actively participate in their hospitalized child’s care. There are some suggestions from the findings of this study for health care professionals, particularly pediatric nurses, to encourage Thai parents to be actively involved in their hospitalized child’s care.

Phase 1: Carrying on home practices

In this phase, the way that parents provided care to their child during hospitalization was the same as that of carrying on home practices comprising parents' being there with the child and providing basic care to the child, including physical, physiological and emotional, environmental, and safety care. In the first phase during which parents participate in the care of their hospitalized child, the important ways of promoting their participation include:

1. Giving emotional support or willpower. It is clear from the findings in this study that ill children would receive emotional support from their parents' presence during hospitalization while parents themselves would feel more control over their caregiving role, encouraging them to stay with their child and get involved with caring for the child. In this way, nurses should encourage parents by giving them emotional support to provide basic care for their hospitalized child. The nurses have to support the parents in such a way that they in turn can support the child during hospitalization. The nurses should give parents verbal support throughout the child's illness by praising them for their ability to participate in the care of the child during hospitalization. As a way to support their parental role, encouraging parents in the child's care via emotional support could also help reduce the parents' anxieties and stresses and empower them in caring for their child in this phase.

2. Giving information. When a child is admitted to the hospital, parents generally need more information about conditions and treatments and how to care for their child during hospitalization, particularly in the first phase. This study showed the information and the way of communication between parents and health care providers about what influences parent participation. Moreover, receiving insufficient information about the child's care, conditions, and treatments from nurses was cited as one of the problems faced by parents who also emphasized that nurses were not willing to tell them about the child's condition and care. Parents thus need to be informed of enough information about the child's care and nurses should gladly tell them about the child's condition and care in order that parents are able to participate in their child's care. Additionally, giving information to parents depends on the phase of parents' participation, for example, in the first phase, parents would be given only an orientation about the ward, utensils and equipment for their child, the ward's regulations and rules, and the child's illness and treatment in order to enable parents to have preliminary knowledge and understanding about the routine care for their child and help them better adjust themselves while caring for the child in this phase, reducing the parents' anxiety and stress.

3. Building a trusting relationship between parents and nurses. A good relationship between parents and nurses could convince parents to believe and trust in the latter, preparing parents for heeding the nurses' recommendations and giving their cooperation to provide care for their child. To build such a trusting relationship, nurses could begin with introducing themselves, greeting both parents and ill children or calling the ill children's nicknames (Chontawan, 1997), and supporting parents in providing basic care to the child during hospitalization. Those common communications could create a good feeling among parents that nurses paid attention and care to their child attentively and continuously; thus, parents would gradually have trust and feel warm for being there with the child and getting involved in providing care for their child, reducing their anxiety and stress. However, there would be some obstacles as it could be difficult to create a trusting relationship within a short time of period for those parents with a child on short-stay admission. That requires nurses to start a relationship within a short time in order to make parent participation a possibility for these parents. Nurses could develop the relationship with them from the early stage of their child's admission or the first phase of the participation process.

4. Hospital environment modification. Hospital environment modification may need to be considered in the process of parent participation in the care of hospitalized child. An environment needs to be created in such way that parents as caregivers feel welcome and comfortable to be stayed with the child and involved in their child's care. According to physical environment, the findings of this study showed that there were some problems about the physical environment such as limited ward space, bad environment in the ward, or insufficient utensils and accessories for the ill child, which influenced parents' being there with the child and providing care to the child. The finding reflects that the pediatric ward should be developed or be improved to look better and feel comfortable to live such as organizing the inside ward (beds, bed side cupboards, utensils and accessories), cleaning the inside ward, especially the toilets and bath rooms, limiting the utensils of parents carrying on the ward, and providing sufficient utensils and accessories for an ill child.

According to parents' being there with the child during hospitalization, the lack of facilities reported in this study show that the provision for parents remains inadequate. Areas which need consideration include the places for parents to sleep and take care of their personal needs and the places for parents to have private time. In this way, the ward should provide the area for parents to stay with their child or the facilities for resting and sleeping such as providing the chairs with backs and with arms or summer beds. Importantly, a hospital policy should include long-term planning for developing and expanding the pediatric ward so that the ward is suitable for an increased number of ill children and to promote parents' being there with the child and involve in their child's care.

Phase 2: Learning new things

In this phase, parents learnt new things by learning and seeking information or knowledge about providing care to the ill child at the hospital, including self-learning, observing and/or asking others, exchanging information with health care professionals, and being trained by nurses to perform nursing procedures**.** Nurses must recognize the importance of the parental role in their child's care during hospitalization to facilitate their learning of new skills and to help maintaining their roles in the care of their sick child. Thus, the ways of promoting the parental participation in the care of their ill child include:

1. Providing leaflets, guidelines, or manuals about how to care for an ill child. These documents should contain information about how to take care of a child when he/she has a fever, vomits, has a diarrhea or how to prevent a child from febrile convulsion, etc. Parents could read these useful data at the ward. Another way of disseminating information for parents could be a board of knowledge about providing care for an ill child at the ward with the topics or subjects being changed every week. That would be another method of promoting parents to have a self-learning.

2. Setting up a self-help group. The study found that parents also learnt how to take care of their ill child by observing and/or asking others; thus, setting up a self-help group could give parents a chance to exchange information, opinions, and knowledge about the care of ill child. Most Thai parents regard health care professionals as authorized persons who have a more superior status than the clients, so they think that it would be more comfortable for them to ask or discuss with the non-professionals, especially with other parents who have similar experience in their child's care. A self-help group could be a solution for them as it is an appropriate way to enhance parents to learn new things in their hospitalized child's care. In the self-help group, parents could both receive assistance from other parents who have gone through a similar experience and get information to help them about their child's care. To assist this group, pediatric nurses have to act as facilitators to provide parents with accommodation, encourage them to share feelings, needs, and concerns, and facilitate planning to aid members in the group, as well as support parents to get useful information that emerges from the self-help group.

3. Effective communication. In the second phase, the findings revealed that Thai parents learnt new things by exchanging information with health care professionals. It showed that most physicians and nurses asked information from parents while parents received the information and only a few number of parents were found to ask information from health care professionals. The study also found that the communication between parents and health care professionals was an intervening factor influencing on the parents' participation in their hospitalized child's care. It implied that parents did not have enough communication skills. Parents therefore need to have sufficient information about their child's care from the nurses whom they expect them to willingly help in exchanging information about their child's condition and care. As part of the parental participation, providing information in one-way communication should not be done while the exchange of information--the effective two-way communication--is desirable. With the mutual communicating way, two parties could exchange their views which could indirectly help smooth the communication between them. Meanwhile, health care providers should be friendly to parents who participate in the care of their hospitalized child in both verbal and non-verbal communication such as a warm welcome with smiling faces, a willingness to talk and talk nicely, and listen to, as well as answer questions gently. This could help establish a trusting relationship with health care professionals and prevent parents from being afraid of facing with health care professionals; that positive relationship could make parents feel better about the health care professionals and encourage them to consult or ask for help related to the care of hospitalized child from health care professionals.

4. Teaching and giving suggestions about nursing procedures. Teaching and giving suggestions about nursing procedures to parents are the important functions of nurses because they are regarded as a key person in developing a nursing system and health care system. To succeed in helping Thai parents to be engaged in their hospitalized child's care and in developing a nursing systems and health care system, nurses must change their roles in caring for an ill child when parents participate in the care. Based on the concept of parent participation in their hospitalized child's care and family-centered care, nurses do not only provide direct care for an ill child and their parents but also play the roles of educator, counselor, facilitator, and advocator for developing a nursing system. In the phase of learning new things, another way parents used to learning new things about caring for their ill child is being trained by nurses to perform nursing procedures. Therefore, nurses should teach or give suggestions to parents about nursing procedures including how to provide care for an ill child with an oxygen box, an ill child with intravenous fluid, and how to do tepid sponging, etc. To teach or suggest parents about those nursing procedures, nurses could arrange a group-based or individual teaching activity. They should also make an evaluation to see how effective those teachings or suggestions about nursing procedures are. They could tell parents to review those suggestions or practice after teaching or giving recommendations as well as observing parents while they are performing those nursing procedures. If they are not performed correctly, nurses have to take patience and concentration on repeating those recommendations or provide parents with additional suggestions if they do not still perform those nursing procedures (Chontawan, 1997).

Phase 3: Working together with health care professionals in their child's care

According to the study, the phase 3 saw parents participate in the care of their ill child by deciding in their child's care and participating in technical care. The important ways of promoting their participation include:

1. Giving information and effective communication. The findings indicated that parents did not receive sufficient information about their child's illness and treatment from health care providers, nurses in particular, while information and communication between health care providers and parents acted as vital factors on the parents' decision making process in the care of their ill child as suggested by Hollstrom, Runeson, and Elander (2002a) that to be able to participate in the decision making process, parents must communicate with health care providers and they must be treated as autonomous persons if they are to make rational decisions. To make a decision, giving information in the two-way style of communication is desirable as the dissemination and assimilation of information is facilitated and improved by the mutual interchange of views between mature and equal parties with the recipients responding to the providers and vice versa. Therefore, giving information and effective communication are the strategies needed in particular to promote parents to participate in the care of their ill child in this phase. Furthermore, nurses should promote parents to have the chance to be involved in the process of decision making before the decision is made.

2. Evaluating parents' capabilities and needs to perform nursing procedures for the ill child. As each parent could possess each own capability and need to care for their ill child, some parents could be much self-confident and are not afraid of performing nursing procedures for their ill child, whereas some parents lack self-confidence to give such nursing procedures for their own child. Nurses thus should assess each individual parent's capability and need before allowing them to perform nursing procedures for their child so as to enhance the parental participation in the child's care in this phase to be more effective.

3. Teaching and recommending on nursing procedures. In order to encourage parents to participate in technical care, nurses should arrange a group or individual-centered activity as suggested in the phase 2. This teaching session should be a return and demonstration-based activity in order to evaluate the parents' performance of practicing technical care to see how much confident parents are and to what extent they could perform those procedures. With this style of teaching, parents would be encouraged to actively participate in the care of their ill child.

Implications for Nursing Education

The findings of this study can be incorporated into nursing education of pediatric nursing. It is clear from the findings to support that educational courses regarding the pediatric nursing should include the content of participation experiences of parents in their hospitalized child's care, including causal conditions, action/interaction strategies, intervening conditions, context, and consequences. Also, the course syllabus for nurses should emphasize communication skills and family-centered care. The pediatric nurses and nursing students should deeply understand the participation experiences of Thai parents in their hospitalized child's care in order to promote Thai parents in actively participating in their hospitalized child's care. This is a way to develop a body of knowledge of the pediatric nursing and to promote family-centered care that is most important for caring for an ill child and the child's family.

Recommendations for Future Research

The findings of this study provide several directions for further research. Most important, this study generated the substantive theory emphasizing the process of "doing anything for an ill child" of Thai parents who participated in their hospitalized child's care. Thus, it is hoped that the theory can be the basis for developing formal theories explaining the same process in more diverse groups such as parents who live in other areas or regions, parents who have other demographic characteristics such as higher education and socio-economic status, and parents in various groups such as chronically ill child, critically ill child, or an ill child having an operation in order to increase transferability of the findings.

The model of “doing anything for an ill child” of Thai parents who participated in their hospitalized child’s care emerged from this study needs to be refined by a quantitative study using theory testing methods. The measurement of various concepts should be developed as well as the relationships among the concepts or categories needs to be identified and tested. According to theoretical concepts in the present study, it can be used as a basis for developing nursing interventions and testing the effectiveness of nursing interventions. Finally, the model generated from this study provides a guideline for clinical practice with a participatory-action research--parents and nursing staff can mutually participate in a research project; it may enhance the model of parent participation in the care of hospitalized child that is more practical and effective in Thai culture.

Part 3: Limitations of the Study

Limitations of this study are that all informants consisted of parents of acutely ill children. In addition, most of informants were mother and had low to moderate educational level and socio-economic status. This homogeneity of informants may also reduce the transferability of the study findings to other Thai parents who participate in the care of hospitalized young children.