



## The role of felt or enacted criticism in understanding parent's help seeking in acute childhood illness at home: A grounded theory study

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### ABSTRACT

**Background:** Parents with young children often worry about whether or not to seek medical help for a sick child. Previous research identified parents' anxieties surrounding help seeking from health services but did not explore or explain the underlying psychosocial processes taking place in families at these times.

**Objectives:** This paper presents findings from a British grounded theory study on family management of acute childhood illness at home, which provide an explanation for parent's helping seeking behaviours.

**Design:** Glaserian grounded theory methodology was used for the study.

**Setting:** The sampling sites for the study were in two towns in the East Midlands with population profiles close to the national average for the UK.

**Participants:** Initial purposeful and later theoretical sampling resulted in a sample of fifteen families with children aged between 1 month and 8 years of age.

**Methods:** Four sets of data collection took place between 2001 and 2007. Unstructured family interviews were conducted with adult family members and a draw, write or tell technique was used to interview any children over 4 years of age. Theoretical sensitivity and constant comparative analysis were employed to achieve theoretical saturation around a core category.

**Findings:** Felt or enacted criticism teaches parents informal social rules which direct how they are expected to behave. Their desire to avoid such criticism of their moral status as 'good' parents creates significant hidden anxiety about when to seek medical help. This anxiety sometimes leads to late consultation with potentially serious consequences for their child's health.

**Conclusion:** The grounded theory indicates the need for significant investment in the training of nurses and other health professionals to reduce parents' (and other patients') experiences of felt or enacted criticism and the consequent hidden anxiety. When parents are worried about their child's health, they need to be able to seek help from health professionals without fear of criticism. These conclusions are primarily limited to universal health care environments.

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### What is already known about the topic

- Parents worry about bothering the doctor when their children are acutely ill at home unless they are sure the illness is serious.

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- Past experience of serious illness, sometimes referred to as past frights, acts as a sensitising factor, increasing parents anxiety about illness in their children.
- Parents will try to contain childhood illnesses within the immediate family unit wherever possible.

### What this paper adds

- Parents' decision making in acute childhood illness is driven by their understanding of informal social rules.
- Parents learn that breaching informal rules puts them at risk of experiencing felt or enacted criticism.
- Experiences of felt or enacted criticism create hidden anxiety around any decisions to ask others, particularly those in positions of authority such as nurses and doctors, for advice. Such anxiety can lead to delayed consultation and increased morbidity for the child.

## 1. Introduction

Acute childhood illness is an inevitable part of family life with young children. These are the common childhood illnesses such as coughs, colds, ear infections, viral rashes, chickenpox, vomiting and diarrhoea. The majority of these are managed at home without seeking help from health services (Bruijnzeels et al., 1998; Holme, 1995; Mayall, 1986). Parents are concerned not to bother the doctor unnecessarily (Ehrich, 2000; Houston and Pickering, 2000; Neill, 2000). Yet in the UK those that do decide to seek help constitute a significant proportion of the workload in primary care (Royal College of General Practice, 2007). A different picture might emerge in countries which do not have a universal health care system. Despite the commonality of such illness there is a paucity of research which investigates family processes at these times. The research from which findings are presented here set out to 'discover the psychosocial processes which take place in families when a child is acutely ill at home, and the influence of these processes on families' response to such episodes of illness.' This paper presents findings drawn from this British grounded theory study which provide an explanation for parents' decisions concerning whether or not to seek help from health services for an acutely sick child at home. Readers are referred to Neill (2000, 2008) for more detailed critical review of the limited literature in the substantive area of the research.

In grounded theory it is usual to avoid immersion in the literature at the beginning of a study as there is a risk that preconceived ideas from prior research will result in foreclosure of the analysis (Heath, 2006; McGhee et al., 2007). Relevant literature is only identified and explore for its 'fit', in Glaser's (1967, 1978) terms, with the emergent theory once the core category has been identified. In this project the core category directed a review of sociological theory concerned with social rules of behaviour, an overview of which is presented below. This literature is then referred to within the findings section to show how this research contributes to pre-existing theory.

### 1.1. Social rules of behaviour

Classic sociological theory purports to inform the behaviour of everyone in social life. It presents the back

drop to all social encounters and it is therefore important to consider in the interpretation of behaviour in social life. Society is viewed by symbolic interactionists as created through social interactions (Blumer, 1969/1986; Mead, 1934; Sandstrom et al., 2001). It is these interactions which lead to shared meanings from which people coordinate social action and create social order. Denzin (1970) conceptualised these meanings as rules of conduct for society. These social rules are, Denzin (1970) suggests, reaffirmed every day through the rituals of interactions and individual's reflections on those interactions. Here these rules are seen in the context of managing acute childhood illness within the family.

### 1.2. Social rules

Social rules can be categorised as formal or informal rules. Formal rules are those official rules enshrined in law, codes of ethics and official morality (Stokes et al., 2006), such as legal and ethical frameworks for the wellbeing and safeguarding of children (Children Act, 2004; Department for Children Schools and Families, 2010; Department for Education and Skills, 2003). Informal rules, with which this paper is concerned, include ceremonial rules, which function to maintain social and moral order (Denzin, 1970; Goffman, 1972), and rules of relationships (Denzin, 1970). Rules of relationships are, of course, relevant to relationships within family groups, whilst ceremonial rules apply to interactions between families and health services (Strong, 1979). These rules may be symmetrical or asymmetrical, reciprocal or non-reciprocal. Where asymmetry exists, these (Goffman, 1972) – part of the 'micro-politics' of everyday life (Williams, 1993). An individual may not be aware of these social rules, becoming aware only when transgressed and s/he fails to perform as expected and feels shame or guilt (Goffman, 1972).

Talk of rules suggests clear definitions of what is acceptable or 'normal' in social life. However, the nature of these social rules, particularly informal rules, may be less clear than at the time of Denzin's (1970) and Goffman's (1972) writings. Patterns of social change in contemporary Western society, such as more flexible working patterns, increasing emphasis on engaging mothers in the workforce and fathers in parenting, has created a world of 'less determinative social structures' (p. 56) with recognition of a wide range of appearances and lifestyles, although these are not always accepted (Williams, 2000). This ambiguity, about social expectations of families, may have created a situation in which parents are increasingly sensitive to the impression they create in interactions with others, particularly where they feel they may be subject to scrutiny.

Families with young children are regularly exposed to public scrutiny (Voysey, 1972), in, for example, child health surveillance programmes (Bloor and McIntosh, 1990; Department of Health, 2009), in schools and other child care settings (Department for Children Schools and Families, 2010). It should not be surprising, therefore, that parents engage in managing the impressions they make on those who scrutinise them.

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