



Student nurses experience of a “fairy garden” healing haven garden for sick children



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ARTICLE INFO

Keywords:

Nursing students
Healing environment
Sick children

ABSTRACT

Background: The concept and philosophy of healing environments in health care is not new and there has been recent research into the experience of nurses and families experience of healing environments producing positive outcomes in relieving stress and improving quality of life. However, there is little in-depth information about student nurse's experience of healing environments in support of patients.

Aim: To report on the stories of student nurses who participated in formal and informal activities in a healing haven environment called a Fairy Garden (FG) within a hospital in northern Thailand. Their beliefs about the care of sick children in an environment designed to provide educational and recreational activity during hospital care are explored.

Methods: Narrative inquiry, a qualitative methodology was selected to capture the main threads of the participants' experience. Clandinin's narrative inquiry framework involving the three commonality dimensions of sociality, temporality and place were used in analysing the data. Sixty-two student nurses from a Thai College of Nursing and from an Australian university were interviewed.

Results: In this study the place of a FG has been investigated as a non-clinical environment providing sick children with exposure to nature, play activities and spaces to explore. Findings include three main threads: freedom to be a child not a sick child, engaging in care and professionalism, a moment in time of living fantasy.

Conclusions: Student nurses in this study had a broader understanding of health care other than the biomedical model. It transformed their learning and opened their eyes to a more holistic approach to humanising care of sick children.

1. Introduction

A group of individuals (Australian and Thai) and Australian and Thai nursing institutions worked towards the development of a Fairy Garden (FG) Healing Haven in a northern Thailand hospital. An open, unused space 30 m long and 6 m wide located between the two 40-bed paediatric wards was chosen and a series of play areas, quiet areas, gardens and seating was installed to support both sick children and their families (van der Riet et al., 2014). The two wards consisted of an acute ward (surgical) and chronic ward (medical). The FG has been described in some detail with play equipment, pathways to gardens, colourful plants, ceramic animals and benches (van der Riet et al., 2014).

The Nursing and Midwifery School of the Australian University established a partnership with the Thai College of Nursing in 2008 as part

of a mission to expand academic collaboration into Asia. Since that time a variety of research, conference and teaching collaborations have strengthened the relationship. It is within this context that both the development of the Fairy Garden and a nursing student study program has become a reality. The study program is held within the intra-semester period each year as part of the University commitment to academic staff and student engagement with regional neighbours through a variety of contacts including study tours.

Beginning in 2012 a small number of nursing undergraduate students (12–15 each year) from the Australian University have participated in a 14-day study program to Thailand and spent one day working to maintain and refresh the FG with Thai nursing students. Australian nursing students are paired with Thai students in a buddy system to promote friendly personal social and educational benefits during the study program. The program introduces Thai culture,

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healthcare practices and the place of complementary therapies in the Thai healthcare system. The FG project enables students to focus on an environment in a healthcare setting designed to promote improvement in care, assist healing and improve the well-being of young patients and their families.

2. Background

Hospitalisation for a child is an unfamiliar and often stressful experience. However, in this study we present a designed child friendly environment within a hospital, called a healing haven FG, that lessens stress and promotes activity and happiness. The philosophy behind the healing haven FG is one of optimising healing environments through nature and activities. This is not a new philosophy and can be back-dated to 2300 years ago (Ghazali and Abbas, 2012), even 400 BCE with Hippocrates, the Greek physician advocating for healthy environments (Huisman et al., 2012). Historically, in the 19th century Florence Nightingale advocated for healing environments in hospital (Dijkstra et al., 2006; Brodsky and Kreutzer, 2009; Kirkham et al., 2012). In more recent times there has been a global interest in the importance of hospital environments promoting healing (Ananth, 2008; Hoybte, 2013; Ghazali and Abbas, 2012; van der Riet et al., 2014, 2017; Ulrich, 2001; Naderi, 2008; Sherman et al., 2005).

The healing environment has been described by Ghazali and Abbas (2012, p. 150) “as the overall environment (both physical and non-physical) created to aid the recovery process”. They suggest healing involves a psychological and spiritual component and argue that this is in contrast to curing (Ghazali and Abbas, 2012). Huisman et al. (2012, p. 70) advance this description further by stating that it is “a place where the interaction between patient and staff produces positive health outcomes within the physical environment.”

3. Aim

The study aimed:

- To report on the stories of student nurses who participated in formal and informal activities in a healing haven environment called a FG within a hospital in northern Thailand.
- To report on their beliefs about the care of sick children in an environment designed to provide educational and recreational activity during hospital care.

4. Design

The interpretative qualitative paradigm of Narrative Inquiry (NI) has been selected as a methodology to capture the holistic notion of participants' experience (Clandinin, 2013; van der Riet et al., 2012). There have been numerous approaches to narrative inquiry research with Polkinghorne using emplotted stories (Polkinghorne, 1988; Petty, 2017; Riessman, 2004) and Riessman's (2004) approach having discrete units with a beginning, middle and end.

Dewey's work on time, space, experience, and sociality is central to the philosophy of narrative inquiry (Clandinin, 2013). Dewey's two criteria of experience i.e. interaction and continuity, provide an important component of the narrative view of experience with experience as a continuum of experiences in which interactions (physical and social) act upon the lived experience of the individual (Clandinin, 2013). Thus, we come to know the nature of the environment we encounter through ongoing continuity of engagement and then come to a more holistic understanding of particular experience.

For Clandinin and Connelly the study of narrative, ‘is the study of the ways humans experience the world’ (1990 p. 2). It is very much a relational methodology as researchers are in close contact with participants in the context of the study (Clandinin, 2013). The principal researcher and one of the co-researchers lived alongside the Australian

nursing students for the period of the study program and also worked in the FG with the students. The Thai nursing students cared for the sick children while undertaking their clinical placement in the children's wards.

5. Ethical Considerations

Approval was obtained from the University Ethics Committee and the Nursing College in Thailand. Students were not coerced into being participants for the interview and advised that their participation was voluntary. After working in the FG they were all very eager to participate in the focus group interview and talk about their experiences. The students were not receiving an assessment for their participation. Instead an anonymous evaluation of the study program was completed by each student.

6. Method – Data Collection

6.1. Participants

Nursing students from two distinct nursing programs were involved as participants in the study. The Australian nursing students came from a three-year BN program in an Australian university and were in the second or third year of their program. The Thai nursing students undertake a four-year nursing program and recently have been involved in the program as buddies with our Australian students.

A purposive sample of Australian and Thai nursing students were interviewed in focus groups. Focus group interviews were selected instead of individual interviews as this method is useful for gaining insights into shared experiences (Kermode, 2004). A total of 43 Australian students were interviewed from 2012 and 2016. Forty-one female and two male students comprised this sample. Nineteen Thai Nursing students were interviewed in 2012, of which seven were third year female nursing students and 12 were male.

The principal researcher conducted all the interviews. The interviews for the Australian students occurred while they were on the cultural study tour and usually the next day after the students had attended and worked in the Fairy Garden. The interviews for the Thai students were scheduled whilst the principal researcher was on study leave and had easy access to these students to interview.

A Thai language translator who was part of the research team was in attendance and translated for the two focused interviews with Thai students. Each interview varied in time from 40 min to 1.5 h. The interviews were unstructured and centred upon the following content: overall nature of usage and their beliefs as to the value, of the FG. Participants were also asked about what activities they observed and if it had a role in supporting sick children.

6.2. Inclusion Criteria Consisted of the Following:

- Thai nursing students who had worked in the two children's wards
- Australian nursing students who had participated in the Thai cultural study program.

6.3. Findings and Analysis

In our analysis of data we have used Clandinin's approach to analysis involving three dimensions of inquiry: sociality (personal and social) temporality (backward/forward), and place (Clandinin et al., 2006). This three dimensional place of inquiry allows researchers to explore the meanings and nuances of experience of their participants (Caine, 2010). The personal–social dimension within the three dimensional space represents the interactions and personal feelings of the inward and outward dimensions (Clandinin and Connelly, 2000a). Narrative inquiry has been used in studies of educational experience (Clandinin and Connelly, 2000b) and in this paper we use NI to present

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