Nurses’ stories of a ‘Fairy Garden’ healing haven for sick children

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Aims and objectives. To report on the stories of registered nurses and nurse administrators in a Thai hospital that recently constructed a healing haven environment called a ‘Fairy Garden’ to support the formal and informal activities of sick children.

Background. While there has been some research into healing environments in health for adults, there has been no qualitative research into healing environments such as natural gardens for children.

Design. Narrative inquiry was selected to capture the holistic notion of the participant’s experience. Clandinin’s narrative inquiry framework involving three dimensions sociality, space and temporality was used to analyse the data.

Methods. Eight nurses (including two head nurses, three ward nurses and three nurse administrators) were interviewed in three separate focus groups between November 2011–June 2012.

Results. Findings included storylines/threads of happiness, relaxation and calmness, imagination, spirituality and cooperation in reporting observed responses of sick children to the ‘Fairy Garden’. Importantly, play was seen as a distractor from the children’s pain and illness, with the children’s ward no longer viewed as simply a clinical hospital site. Rather the opportunities that were afforded to children to interact with the ‘Fairy Garden’ environment expanded their hospital experience to include play, social interaction and educational activities.

Conclusion. The nurses’ stories capture numerous storylines and threads in which the ‘Fairy Garden’ becomes an environment beyond the constraints of the hospital ward. Storylines indicate increased acceptance and adherence to treatment as the ‘Fairy Garden’ opens up alternatives for children, especially those children long term in the hospital. Children exhibit behaviours that suggest the ‘Fairy Garden’ supports psycho-social and physical benefits that improve their hospital stay and provide potential for improved clinical outcomes.

Relevance to clinical practice. Designed hospital environments need to consider the addition of natural and activity spaces to support sick children and their families. Reports from nurses caring for children indicate benefits of the natural environment outside the clinical area.

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What does this paper contribute to the wider global clinical community?

• A designed hospital environment that allows sick children to interact with nature and play and equipment facilities can improve the quality of their hospital experience.

• A well-designed environment such as the ‘Fairy Garden’ can provide a space for support and sociality for the carers/parents of sick children.
Key words: children, cooperation, happiness, narrative, natural environment, nursing, play

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Introduction

This manuscript addresses the experiences of a healing haven within a children’s ward in a tertiary hospital in northern Thailand. The children’s ward comprised of two wards (40 beds in each ward) adjoined to each other. The space prior to the development of the ‘Fairy Garden’ (FG) was unused and could be described as an uncared-for environment that contained a variety of weeds, rock and detritus that discouraged patients and families from making use of it during their stay in hospital. There were no flowers, toys or play equipment. Conversely, the FG development, located adjacent to the two wards, provided a space to engage sick children with a variety of natural plants and flowers to stimulate the senses, play equipment to promote physical activity and a space to increase interaction among children, including parents and siblings. The FG is 6 m wide and approximately 30 m long. In the middle of the FG is a gazebo within which there is a wishing well and hanging mobiles of animals, birds and fairies. There are bench seats in the gazebo and bridges on either side that allow the visitor to walk down to garden pathways. At one end of the garden, there is a cubby house, a large blue whale and a smaller pink whale that allow children to touch and climb over them. At the other end of the garden, there is a swinging bridge, swings, wooden fort, slippery slide and three rocking/spring toys. At this section of the garden, there are also bench seats for people to sit. Along the perimeter and throughout the garden, there are garden beds with flowers.

A point worth noting about the use of the term ‘FG’ is that within the contemporary life of Thai children, the term ‘fairies’ is an acceptable term well understood and easily assigned within the context of a space for children’s activities.

Background

The benefits of natural gardens as healthcare environments are not new, and they have been around for longer than a 1000 years (Ulrich 2002). Gierlach-Spring et al. (1998) point out that historically, the European monasteries of the Middle Ages had beautiful gardens to comfort the sick. Florence Nightingale was a keen advocate of the natural environment in helping to create healing and soothe the ill (Geary 2003, Zborowsky & Kreitzer 2009, Morrison 2011, Walker 2012 Ingulli & Lindbloom 2013). Ingulli and Lindbloom’s (2013) recent research even suggests that the connection to nature promotes resilience. Day (2007) points out that the best healthcare practice demands attention not only to bio-science and humanities but to creating natural environments she calls ‘natural science’.

Methods

The aim of this paper was to report on the experiences of nurses of sick children who have participated in formal and informal activities in a healing haven environment called a ‘Fairy Garden’.

Design

This was a qualitative study using narrative inquiry (NI). Dysvik et al. (2013) argue that narrative has different meanings, and over the years, researchers have had different approaches to narrative. Polkinghorne (1988) suggests narrative is a way of organising ideas about something into story form. These stories can be tales or histories, perhaps biographical. Polkinghorne (1988) writes about narrative as a way of knowing and the production of knowledge. Some scholars use a broad, others a restrictive definition of narrative. Riessman (2004) suggests narratives are discrete units or events with a beginning, middle and an end, and these events have consequences for both the story teller and the listener who interprets the story. Riessman (2004) reminds us that NI privileges positionality and subjectivity, not objectivity, and that the literature on narrative has touched almost every discipline. Bruner’s (1990) view of narratives is that it is a unique sequence of events with meaning arising from narrative through past, present and future events. Connelly and Clandinin (1990, p. 2) write, ‘humans are storytelling organisms who, individually and socially, lead storied lives’. Furthermore, they argue that the study of narrative is the way people experience the world. Importantly, it captures personal experiences that are difficult to describe in facts and figures (Lindsay 2006, Hardy et al. 2009).

This research principally used NI based on Clandinin’s (2013) approach. van der Riet et al. (2012) point out that
Nursing has the advantage of revealing complex layers of stories that link past, present, and the future with cultural and social contexts.

**Participants**

A purposive sample of eight nurse participants were interviewed in three focus groups (n = 8). For more details see Box 1.

**Box 1. Inclusion criteria**

- Nurses working in the two children’s wards.
- Nurse administrators working at the hospital with involvement in the children’s wards.

Initially, one focus group interview was with two head nurses, a second interview was with three ward nurses, and a third interview group was with three nurse administrators. In attendance were the principal researcher, the Thai language translator (who was part of the research team) and the nurses.

**Data collection**

For each focus group interview, there were open-ended questions, with several key questions aiming to generate reflection and discussion. For details about the interview questions, see Box 2. Each interview varied in time from 45 minutes–1.5 hours. With permission, focus group interviews were audiotaped and supplemented by field notes. For further interview details see Box 2.

**Box 2. Interview guide**

Participants were asked to comment on the things they liked about the ‘Fairy Garden’ (FG) and what benefits they saw for the children who used the garden. What was going well? What was not going well with the garden? How was it being used and who used it? What were the things they did not like about the FG? Did they encounter any difficulties or barriers and was anything missing from the garden? In addition, the three administrator nurses were asked to identify their longer-term goals for the hospital in making use of the FG.

**Ethical considerations**

Approval was obtained from the University Ethics Committee and the tertiary hospital. Pseudonyms have been used for the names of nurses and children.

In the analysis, we have used Clandinin’s (2013) three commonplaces of narrative inquiry: temporality, sociality, and place. Temporality refers to time and points narrative inquiry researchers ‘towards the past, present and future of peoples, places, things and events under study’ (Clandinin 2013, p. 39). Sociality involves both the personal (feelings, hopes and desires) and the social (cultural, institutional, and familial) (Clandinin 2013). Place is defined by Connelly and Clandinin (2006, p. 480) as ‘the specific concrete, physical and topological boundaries of place or sequences of inquiry where the inquiry and events take place’. Clandinin (2013) argues that what distinguishes narrative inquiry from other research approaches are these three commonplaces as they provide the dimensions of an inquiry and are integral to the conceptual framework of narrative inquiry. These three commonplaces of inquiry assist in identifying the threads and storylines.

We have also adopted Clandinin’s approach to data presentation involving selected word images from the data. Word images have been presented to tell each nurse’s story. Not all words from the transcripts have been selected, but instead keywords and phrases have been used with extracts being turned into word images. In this way, distracting detail could be stripped away to discover the key storylines that captured our participants’ experience of the FG (van der Riet et al. 2012).

Data analysis in this study has been presented as a narrative and is presented under the Results and the Discussion sections.

**Results**

**Administrators Stories**

(Please also refer to boxes 3, 4 & 5 for more detail about the Administrators)

**Kamlai’s word images**

*For the children who have pain*

sitting or lying down in the ward is not good for them
if they can get out
play around
it is good for them to get out into the FG to help their pain
FG can distract them from their pain
it is a distractor as they focus on the toys
playing around and they forget about their pain
FG is like a complementary therapy
like a therapy to help the patient in terms of pain
reduce their pain
children feel scared
to come to the hospital
but now kids feel more comfortable
to come back to hospital
normally they are scared to come to hospital for treatment
because there are things like injections
but now since we have FG
they can come and play
and feel better about coming to hospital
FG is a relaxed environment
it is like a relaxed environment, atmosphere
now the gazebo is very beautiful for the parents to sit
it is a space for them to sit
in the FG parents exchange information
their knowledge
parents talk to each other
they learn from each other
and how to care for their children with chronic illness
it helps them get more knowledge
FG is the only green space in the hospital
it is fresh
the nurses use it, sometimes to walk around
they just sit there
they feel very relaxed
FG is a serene environment.

Box 3. Background on Kamlai
Kamlai aged 53 years is a nurse and holds the position Deputy Head of Nursing Research and Innovation. She has had 15 years of administrative experience, 13 years of experience as a unit head nurse and two years of experience as an assistant Head of Nursing Department. In her current position, Kamlai oversees nurses and patients and has received feedback from the head nurses from both paediatric wards about the ‘Fairy Garden’ (FG). She has also received feedback from nurses and visitors, relatives and patients from other wards who use this space. In her interview, she tells us that the FG is useful for many people, especially for children who are in pain and for the nurses.

Box 4. Background on Waen
Waen, aged 54 years, is a nurse with 15 years of administrative experience including 13 years as a unit head nurse, in the Surgical Nursing Department and Out Patient unit and two years as an assistant deputy head of the Nursing Department (Human Resources).

Box 5. Background on Anna
Anna, 45 years old, is a nurse incharge of the volunteers in the hospital. She has had 10 years of administrative experience. Volunteers are of two categories: older persons and students (ages 13–23 years). Students are from local secondary schools, vocational schools and universities. Normally the volunteers assist on the weekend. The volunteers take outpatients (waiting to see the doctor) and inpatient groups to the ‘Fairy Garden’ (FG). We hear that the volunteers take children from the well-baby clinic to visit the FG to relax and entertain them. She tells us that parents are often overprotective of their children (especially those with chronic illness) and do not allow their children to do things. We also hear that many children are from other provinces and some parents are poor and cannot afford the toys. Every year, Anna takes children with leukaemia to the sea and excursions outside the town.

What we can draw forward from this story from Kamlai are numerous storylines or threads. For example, we hear that the space of the FG is therapeutic for pain management in that the FG acts as a distractor from children’s pain. The FG brings the natural world of plants (green space) and the natural world of play (the children can focus on toys) and allows for parents, visitors and nurses to experience timeout from the medical and clinical focus of the hospital. Sociality becomes a key domain supporting needs that go beyond the medical focus. The FG is a space for children to actively engage with each other; parents can talk to one another and educate each other, especially those whose children are chronically ill. Furthermore, space is significant in Kamlai’s storyline as the FG creates a relaxed environment not only for parents but also for the nurses who use the FG as they take time from their tasks in the wards.

Waen’s word images
FG is very much better compared to the previous space.
it is very useful for patient’s children
and parents to use that space
for the relaxation activities and also the children
the children can feel better
the wishing well helps children to develop their imagination
the swing helps the kids relax
have fun
the cubby house is also very popular
overall the gazebo,
the swing
and the cubby house can be the things
to ease the children’s crying
parents take their children into the garden to pacify them when children come to the FG they have the same activity as home. it is less clinical if children who come to the hospital can play having the FG it improves and increases their quality of life.

There are numerous storylines in Waen’s word images about the spatiality of the FG in providing relaxation for the children and parents. Her storyline compares what was before with the facility of the FG easing distress, providing relaxation and active participation associated with what is available outside the hospital environment. The threads in Waen’s storyline emphasis dimensions of temporality, spatiality and place through active use of the FG to reduce the impact and discomfort of illness and offer children and families some respite from the distress of hospitalisation. There is a storyline of emotional development in that it develops their imagination. The dimension of temporality and spatiality overlaps here in that she compares it to how the space was in the past. Overall, we hear through the nurses’ stories (perspectives) that the FG has improved the children’s stay in hospital and has improved the children’s quality of life in this nonclinical environment.

Anna’s word images
In the FG the children sit on the whale and touch the whale at the sea they go to the aquarium at the sea they can’t touch the aquarium however, in the FG they can touch the whale in the FG nurses sometimes teach parents continuity of care parents say to the children “this time we play on the rocking chicken” some children maybe still scared to come to the hospital parents say to their child “next time we come to the hospital you can play on the rocking horse” children also think that hospital is not just for hurt with injections and procedures but also for play they relax and have fun as it eases their worries and they relax that is hope when the children have an opportunity to go down the slide in the FG the parents let go of being so over protective the FG become a motivator for them to come back to the hospital and it is fun in the FG the benefits are hope, fun and imagination compared with previous garden it is a very worthwhile space the previous space was not safe to play the FG helps reduce the mosquitoes before, the rain came there was lots of water now there is better drainage that space was quite dangerous before there were lots of mosquitoes, water and big rocks The drainage system was poor.

Anna tells us about a number of stories that indicate a change in behaviour from the children:
I have three experiences from children who have visited the FG and passed away the first is a little girl, 12 years of age who came from another Province her name was, Min this little girl had leukaemia and when the ward was noisy she went into the FG and said a Buddhist prayer and meditation she prayed over the wishing well and did some meditation in the FG over the wishing well after this she was very calm and she went back to her community hospital the nurse rang to say that she died a beautiful and peaceful death. she had accepted her dying.

The second story is about Tony 11 years old and he also had leukaemia he had been in the program that takes children to the sea he was a very sad boy when he was in the ward however, when he went to the FG it helped and he made friends and played in the garden the FG took away his sadness the parents took this boy home to die

The third story is about a boy over 15 years old who had been in the children’s ward many times and had been admitted to the medical ward he had been sick for a long time and would go down and visit the FG This boy was quite poor He died on the medical ward.

There are multiple storylines threaded throughout Anna’s word images of her story about her experience of the FG environment: imagination, safety and play. There is a storyline of parents letting go of their protectiveness towards their children. Her storylines expand the threads of hope,
imagination and engagement in play safety and ‘timeout’ for both children and families coping with the strain of illness and uncertain future. A powerful storyline focuses upon the influence of the FG on terminally ill children learning to cope with their prognosis. Spirituality as a thread becomes part of the storyline through strategies of meditation and visualisation for the FG as children with a life-limiting illness manage their illness. The FG provides a space to express their spirituality as they learn to deal with their imminent death. As in the thread of previous storylines domains of spatiality, temporality and place significantly express participants’ experiences with the FG.

Head Nurses’ Stories

(Please refer to boxes 6 & 7 for more details about the Head Nurses)

Mrs Pensri word images

They can relax
and as witness I can see the children can walk there and sit there, and even the children with the IV fluids and also children waiting on blood transfusions can go there and relax there in the garden.

FG makes the children happy
and the parents happy
it improves their development
about living in the society
living with other people
and also it helps improve the relationship and friendship between families of each children
so it becomes their society not just living separately not only among the children but between the families for the children
they are lively
and don’t look sick
and they don’t fear to be in the hospital
and for the parents who used to be here in the past they can compare that its better and its homey the place that they want to be here and for all the children when they get admitted they play over there first in the fairy garden before going into the ward in my ward the children mostly are chronically ill so if they are admitted for long time it’s good for the children to just spend time in the garden really often for the parents it can be the place to get rest and also to have lunch in the garden especially in the gazebo.

Box 6. Background on Mrs Pensri

Mrs Pensri, 47 years old, has worked 25 years in the children’s ward. She tells us that since the ‘Fairy Garden’ opened, it has been very helpful and useful for the children and parents of the children.

Box 7. Background on Mrs Mali

Mrs Mali, aged 53 years, has worked in the children’s ward for 31 years. As she has been the head nurse for so many years, her dream has been to have the children feel like this is not a hospital, and now, her dream has been fulfilled!

Mrs Pensri’s storylines are multiple. We hear about the space of the FG promoting relaxation and improving friendship with the parents and the children. As a place, the FG is building a community (sociality) for parents to have a space away from the ward that helps them relax and communicate with other parents and children can actively participate in using the facilities. There is a storyline of improving the children’s development socially. The facility is contrasted with the previous space. It is demonstrated from the storylines that the FG reduces the fear of hospitals. Storylines bump up against each other in affirming advantages of sociality and place: the FG is an entry point to the ward, children develop social skills and become part of a community, and families participate with their sick children and use the facility to relax. In comparing the FG facility with what existed before (temporality), families now have a space that is a more natural ‘home-like environment’.

Mrs Mali’s word images

We did have a place with the plants but it looked awful since we have the fairy garden it makes the image of the hospital and the wards look better very much so when the parents and the children walk into the ward they can see the FG and it makes them happy it doesn’t look like hospital because when the parents come in they feel like its like home but at the same time it’s so elegant after the children are admitted and during doing a procedure
they cry
and they are scared
after a procedure
the parents take them to the fairy garden
and then they relax
they forget the pain
what they are scared of
when the children get back to the bed
they say they want to go back again to the fairy garden
it makes them happy
and also what is good
the fairy garden decreases the anxiety
also the fear of the children
also if they discharged, they don’t want to go home.
they want to stay in the fairy garden
here it distracts the children
it helps the children to eat more
staff say after you eat more we will take you to the fairy garden.

Mrs Mali’s storylines are very similar to the other nurses in that we hear the FG is a place of rest for families of sick children; a space of happiness and relaxation; and a distractor from pain. There is also a storyline of cooperation from children in that they eat more. The storylines of this nurse emphasise the importance of an environment that is not like the clinical environment of a hospital. It is appealing as a place that is homely, inviting and playful. The FG fulfils many roles for sick children, their families and nursing staff. Children feel more relaxed and willing to accept treatment as long as they have the reward of the FG; families gather inside the FG and staff act to enable their young patients to engage with the facility for the benefits of less stress, relaxation and distraction.

The threads within the storylines of experience presented by Mrs Mali continue to emphasise the importance of the FG as a space with positive benefits for sick children. Storylines of happiness, relaxation, cooperation and distraction repeat the many advantages described by other participants. Storylines that identify words such as ‘home’ and ‘homey’, ‘relax’ and ‘distract’ suggest that nurses’ experiences represent the FG as an environment of hope, in which children, their families and nursing staff are able to improve the quality of care.

Ward Nurses’ stories

(Please refer to boxes 8-10 for more details about the Ward Nurses)
Box 10. Background on Pim

Pim, 37 years of age, is the youngest of the three ward nurses and has worked on the children’s ward for 15 years.

Word Images from Sanoh

For the main activities the FG is used both formally and informally. Formally it is used for Children’s Day or New Year’s Day. Informally it is used by parents who have children admitted and for relatives of the sick children. After surgery, FG is useful for early ambulation. Nurses and parents take the children out to the FG. Also use FG for Children on Tuesday and Thursday for children with leukaemia and thalassemia. Who come in for the day and have blood transfusions twice a week. The kids who are only here for short stay do not want to be discharged from the ward. Normally children see hospital as hospital. For the FG they see the environment not really as a hospital. It is non-clinical. FG improves their quality of life. Because it does not look like hospital. The kids relax more and don’t want to go home.

Sanoh’s storylines are similar to the other nurses and reaffirm that the FG is a nonclinical environment that plays an important role in assisting children and their parents deal with hospital. In addition to becoming a space for relaxation and play, it has encouraged children who have undergone surgery to move more readily rather than lie in their hospital bed.

Box 11. Administrators’ long term goals for the FG

As interviewers, we inquired about long-term goals of the hospital in making use of this facility. The following suggestions were put forward from the administrators: a three-month plan for replacement of flowers with volunteer activity; a local plan to raise fund for the ‘Fairy Garden’ (FG); a yearly meeting and head nurses of the two wards to coordinate this; a change to the cleaning policy to include cleaning of the FG to be added to the hospital cleaners’ contract as currently cleaning is outsourced from the hospital. It was also suggested activities could include set play activities within the FG along with a fairy reading corner in the garden where stories could be read to the children. More cartoon characters could be added to include images of fairies along with a sign in Thai, with the name ‘Fairy Garden’ displayed prominently.

Word images from Pim

When parents bring their children to the hospital most of them are afraid of being in the hospital. But parents take them out to the garden and they relax so it brings happiness. Brings out their imagination. Before there were many trees and many rocks and lots of mosquitoes. Now the trees have gone and there are not as many mosquitoes.

As Interviewers we ask: Has the FG changed the behaviour of the children? It has helped sick children relax when the children are sick and agitated. And nurses and parents take them out to the FG. They relax. They forget about being ill. There is a lot more interaction amongst the children amongst each other. Also parent to parent there is more interaction.

The storylines threaded here in Pim’s word images, as well as being similar to the other nurses, presents the FG as a place of social interaction and happiness. Like the other storylines, children are described as become calmer, less agitated and actively engaged in the facility. Families/parents talk. The social benefits of the FG are recognised. The contrast with what existed previously is starkly obvious.

Looking into the future: Nurses’ Storylines about what is needed in the FG

(Refer to Box 11 for the Administrators’ long term goals for the FG)

Would like the garden to be more lively with flowers. A plan to change flowers every 3 months. Cleaning of the garden is irregular. Need volunteers to work in the garden. Volunteers could once a week go to work in the FG. Have a long term and contingency plan for the garden. Concern expressed for broken toys. Who will replace them? Hospital can fix some toys. But who will replace ones that cannot be fixed? Need to figure out who takes the responsibility to look after the garden the hospital or the ward. To add more pictures concern was raised.
about the cost of the maintenance of the FG they want to see the FG maintained.

Clearly, in looking into the future, we see and hear from the nurses’ storylines that what is needed are the following: more flowers (many of the flowers in the garden are perennial), a plan to change the flowers every three months, more pictures, better cleaning and maintenance of the FG to include wear and tear of the play equipment and replacement of broken toys and volunteers to work in the FG.

Pseudonyms have been used for the names of nurses and children in this study.

Discussion

The contexts or commonplaces of NI involving sociality, spatiality (environment) and temporality (time) are important in framing the nurses’ perspectives of the FG, and they have assisted us as researchers to identify the storylines or threads within the nurses’ interviews. In this nonclinical environment, a main thread presents the benefits of the FG not just to the nurses, but to children and parents.

The children’s nurses explain there are many children in their wards with chronic illness and the FG helps improve their development not just physically but socially and emotionally. It is a space to stimulate the children’s imagination and a place for the children and parents to socialise, and it is safe for children to play. Chronic illness affects the development of children including growth development, behaviour, emotions and psychosocial condition (Kennedy et al. 2004, Louis-Jacques & Samples 2011).

The nurses tell us that the FG is a place of relaxation for everyone. Clearly, hospitalisation of a child is a very stressful experience, especially for the child and the parents of a sick child (Kennedy et al. 2004, Commodari 2010, Bjork et al. 2011). However, the FG tends to counteract this stress for children, their families and the nurses. The metaphor of ‘home’ is used by the nurses and reinforces the shift away from a sterile clinical environment.

The FG is a place to distract children from the stress and fear of hospitalisation. For parents, it is a place to relax and talk to others in similar circumstances. From Anna’s storylines, we hear of three children with cancer using the FG to perhaps come to terms with their dying. Greffen’s (2004) research on creating optimal healing environments for patients with cancer and families points out the significance of nature in finding one’s own spiritual essence and that this often takes place through meditation and prayer. While it cannot be assumed that all of the children with a life-limiting illness used prayer, we do know that one child learnt to meditate and visited the wishing well regularly and that all three children continued to use the FG as a refuge within the hospital. Jonas and Chez (2004) describe spirituality as a connection to something greater than oneself and that in this space, the person obtains a feeling of peace and healing. In their work on promoting optimal healing environments, they advocate the relationship with nature as promoting spirituality. Kirkham et al. (2012) research into sacred places in public places is relevant to Anna’s story about little Min who she taught to pray and meditate over the wishing well in the FG. For Kirkham et al. (2012), spiritual geographies are embodied and take the form of bodily practices of meditation and prayer and we heard this in Anna’s story about Min. Furthermore, they recommend that healthcare staff professionals should seek opportunities to nurture and create sacred spaces for patients.

In relation to adherence of treatment, that is, eating and taking medications, the nurses reported that the children are more inclined to accept treatment and that the FG becomes a motivator and a distractor from their pain. Hong et al.’s (2013) quantitative research on predictor’s and consequence of adherence to treatment for paediatric patients with attention deficit disorder highlights the importance of adherence to treatment in ensuing improvement in clinical severity. In their study, parents’ anxiety was influential in contributing to the children’s nonadherence to treatment. Interestingly, in our study, we hear of the FG creating a relaxing space for the parents and families, which may have the potential for further adherence to their children’s treatment.

In this study, the context of temporality refers to time. In the past, the space where the FG is now located was unsafe. The contrast to the space pre-FG could not be starker, and this storyline rubs up against the existing storyline of a safe FG space. The uninviting and unsafe space has been transformed through planned design features that include plants, play equipment and an area for quiet contemplation. Seating within the gazebo and elsewhere encourages social interaction for families, a sign that barriers of separateness has been broken down as parents share stories and meet socially and children expand their experiences from the uninviting spaces of the ward to actively enjoy the sound and educational, emotional and physical advantages of the FG.

In this study, we used several methods to ensure rigour. These methods included keeping a careful audit trail. During the interview, the interviewer and the translator kept careful notes of the interview, and after the focus group interview, we checked with each other and compared notes to reconcile any differences or inconsistencies through clari-
sification and discussion. During the analysis process, we also met to discuss and clarify any inconsistencies. Member checks and a good audit trail are important ways of ensuring rigour in qualitative research. To ensure rigour, we also engaged in a process of reflexivity and adopted Davies and Cannon’s (2006) approach to reflexivity where we looked in detail at the data without judgement and, like a good novelist, noted the unexpected, the surprising contradictions, the ‘good’ (benefits of the FG) and the ‘bad’ (the problem with maintenance), not with a mind to censor, but to say with fascination ‘oh, so that’s how it is!’ (p. 376).

Limitations

It is worth noting that the stories of the nurses are through the eyes of the nurses and the researchers tell the narrative. These stories are not the children’s stories. They are the stories of others, and this could be seen as a limitation of this research.

Conclusion

The strengths of this study are in the richness of the data. These stories represent the images of the participant nurses, and the narrative is our account and analysis of all their stories. The conceptual model of Clandinin’s NI involving the commonplaces of temporality, sociality and place was helpful in attending to the nurses’ storylines and experience of the FG. These dimensions are significant in understanding the phenomena of the stories in this study.

As reported through the experience of these nurses, establishing and optimising a healing environment such as this FG has the potential to improve the quality of life of sick children and has provided a space for support and sociality for the carers/parents of these children.

Relevance to clinical practice

Designed hospital environments need to consider the addition of natural and activity spaces to support sick children and their families. Reports from nurses caring for children indicate benefits of the natural environment outside the clinical area.

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Disclosure

The authors have confirmed that all authors meet the ICMJE criteria for authorship credit (www.icmje.org/ethical_author.html), as follows: (1) substantial contributions to conception and design of, or acquisition of data or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content and (3) final approval of the version to be published.

Conflict of interest

The authors report no conflict of interests in this work.

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