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Family Members' Experiences of a "Fairy Garden" Healing Haven Garden for Sick Children

Abstract:

Background: Hospital facilities that can support the well-being of sick children and their families by providing an environment outside of the pediatric ward can be beneficial to health outcomes. Access to a garden environment that allows young patients and their family to engage with natural and built features has been shown to relieve stress, provide opportunities for educational activities, improve socialisation amongst children and adults and so create a more calming and supportive environment to help the healing process.

Aim: To explore experiences of family members of sick children who have participated in formal and informal activities in a child-centred environment called a "Fairy Garden" (FG) within a hospital in northern Thailand.

Method: Narrative inquiry situated within qualitative research was selected as a methodology to capture the holistic notion of the participant's experience. Eight family members (seven parents and one grandparent) were interviewed in four focus groups. Interviews were carried out over a 5-week period in June 2013.

Findings: Findings show that the Fairy Garden (FG) offers a therapeutic modality of healing that improves the quality of life for sick children and includes storylines of happiness and relaxation, cooperation from the children, social interaction and learning. For family members the FG provided opportunities to relax with their sick child, watch as their child played in the garden and explored the variety of natural and built features and encouraged their child to eat. The FG allowed contacts to occur amongst family members of sick children, share information, prepare meals and spend time sitting and walking around the garden while waiting while their child received treatment.

Conclusion: Through family members stories we were able to capture numerous storylines of the FG creating a space for children and families that counter balances the clinical environment of hospital as an alien place and results in an improved hospital experience for sick children and their families.

Keywords: narrative, storylines, therapeutic modality, happiness and quality of life.

Introduction

This paper explores family member's experiences of a "Fairy Garden" (FG) healing haven within a children's ward of a tertiary hospital. The purpose of the Fairy Garden (FG) was to provide a healing and holistic environment for sick children in which it was possible to participate in recreational activities, and other activities that would offer children stimulation and "time out" from their illness experience. The hospital can cater for up to 80 sick children, often for long periods of time, with limited educational or environmental stimuli to ease stress during their hospital admission. In using the term "healing haven" we are referring to an environment that fosters healing through a variety of factors that contribute to the physical, psychosocial, educational and spiritual life of the children and their families.

In 2010 a group of volunteers from Australia and Thailand raised funds and began plans to create the "Fairy Garden" healing haven within a tertiary hospital in northern Thailand using a disused space adjacent to two 40- bed paediatric wards. In July 2012 the "Fairy Garden" healing haven was officially declared open. The FG is located in a rectangular courtyard space within a wing of the hospital, open to the sky and surrounded by walkways that on the long sides lead to wards and on the shorter sides providing access to other parts of the hospital. The space is 6 metres wide and approximately 30 metres long. Within the space is a gazebo with wishing well, bridge to a fort, pathways with gardens containing plants and flowers and play areas including swings and sit on toys. A further description can be found in the paper by van der Riet et.al (2014).

The name "Fairy Garden" may appear to the reader as existing only within a westernised culture, and perhaps unusual in a Thai culture. However, with globalisation, children from all countries are now exposed to fairy tales that stimulate their imagination. The influence of television, books and DVDs, comics and colouring books are testimony to the presence of fairy tales in the life and world of Thai children. A variety of children's books present stories about fairies and are widely available in Thailand. Furthermore, the Thai hospital community of nursing staff and medical staff were consulted as to the appropriateness of a 'Fairy Garden' and agreed that a FG could be created and children would understand references to fairies.

Background

A visit to hospital is a stressful experience for patients and families and it has been reported that this stress is on the increase (Ulrich 2001). There is sufficient evidence from the literature traced back to the time of Florence Nightingale to suggest that environment contributes to healing (Dijkstra Pieterse & Pruyn 2006). More than one hundred and fifty years ago, Florence Nightingale promoted the importance of colour, natural light, noise control and cleanliness to aid in healing for hospitalised patients (Dijkstra et al. 2006, Zborowsky & Kreitzer 2009, Kirkham et al. 2012). Zborowsky & Kreitzer (2009) assert that Florence Nightingale was a pioneer in promoting the concept of optimum healing environments.

The current literature examining environmental factors in healthcare, such as improved design, inclusion of gardens, natural areas conducive to contemplation, and activities for sick children, suggests that environmental design promotes a more holistic approach to care and that medical, nursing and allied health staff benefit, as do patients and families, from an environment that reduces stress (Dijkstra et al. 2006, Zborowsky & Kreitzer 2009, Kirkham et al. 2012). A systematic review

of hospital design by Dijkstra et al. (2006) demonstrated the importance of the environment in healing of patients, although it was noted that environmental stimulation was limited and the authors recommended that further research was needed. A quantitative study by Ingulli and Lindbloom (2013) involving 150 individuals suggested that the natural environment could promote resilience and, therefore, protect against psychological stress.

Whitehouse et al. (2001) in a study that investigated utilisation and consumer satisfaction of a specifically designed hospital environment for sick children noted that financial considerations are a continuing issue in hospital construction and evidence is necessary to assess the effect and contribution of hospital gardens to the healing process. Their empirical study, essentially descriptive, used observations of usage of the garden, surveys and interviews to determine how the garden was used and reactions of patients, family and hospital staff to the benefits and possibilities for such a facility. Findings supported the view that a garden facility with seating, a variety of natural plants, flowers, water fountain, walls with colourful murals, play equipment and smaller spaces for children to explore provided a positive experience for patients and their family. A similar study conducted by Sherman et al. (2005) confirmed the value of of hospital gardens in lessening stress, engaging sick children in playful activity and allowing adults, both family and hospital staff, to use the garden facility to relax, socialise, eat and wait for their child's treatment. Both studies acknowledged the importance of further research to evaluate benefits for patients, families and hospital staff and to provide the necessary evidence for future decision making on how best to incorporate healing gardens into hospital design.

Methods

The aim of this paper was to explore the experiences of family members of sick children who have participated in a Fairy Garden Healing Haven in a hospital in Thailand.

Design

In this study we focus on the experiences of family members of sick children given that they have been involved in the FG environment during the period their children have been patients within one of the two children's wards.

Narrative inquiry (NI) as a methodology was used to encapsulate a holistic perspective (van der Riet, Dedkhard & Srithong 2012). This methodology located within the interpretative qualitative paradigm has been shaped by philosophers, anthropologists, and psychotherapists such as Dewey, Johnson, Geertz, Bateson, Czarniawska, Coles, and Polkinghorne (Clandinin and Connolly 2001). Narrative Inquiry is the process of collecting data for the purpose of research through storytelling and has been used in particular by researchers as a way of understanding participants' experience in both health and education (van der Riet *et al*. 2012, Overcash 2004, Riessman 2004, Clandinin *et al.* 2006). Clandinin and Connelly write 'the stories we live and tell are profoundly influenced by the lived and told narratives in which we are embedded' (2006, p. 1). In this methodology the researcher attends to questions of, "So what?", and "Who cares?" (Clandinin 2013).

We have selected Clandinin's (2006) framework as a way of establishing dimensions of context to better explain participants' experiences. The framework provides insight into the illness narrative through contexts or what she calls commonalities of time, space and sociality that capture the

richness of the stories (2013). Furthermore, Clandinin writes that "thinking narratively about a phenomena – that is about people's experiences– is key to understanding narrative inquiries" (2013, p. 38). As a research methodology NI provides alternative ways to think about experience and assists the researcher to present narrative as phenomena and thus present a more holistic view of the collected phenomena to be studied. Bleakley (2004) argues that NI demands a high level of ethics and critical engagement. This critical engagement involves relational ethics requiring sensitivity and compassion to the participants' stories. In particular, NI is both methodology and phenomena (Clandinin 2013). For the purpose of this paper the phenomena is the story of the family members and the narrative is the way it is reported.

Participants and Recruitment

The Head Nurses of the two wards distributed information sheets, approached family members to explain the intention of the study and advised the researchers of any family members willing to participate. While there were potentially 15-20 patients available to recruit the head nurses reported that they had specially approached 8 family members who were directly involved in the care of their sick children. Four mothers, three fathers and one grandparent who spent, or had spent, considerable time at the bedside of the children formed the focus group for interview. The age of parents ranged from 29 to 35 years and the grandmother was in her 60s. The ages of children varied from 10 months to 14 years.

None of the children had been short stay admissions, most had been admitted numerous times with bowel disorders (N=5) and one of the children had been in the hospital for a period of 2 years. All the children were in-patients except for a 12-year-old boy who had thalassemia and was now an outpatient waiting for his monthly blood transfusion. Blood transfusions were held on Tuesday and Thursday and there was a lot of activity in the Fairy Garden on those days as families, including siblings of outpatients, waited for treatment.

A purposive sample of eight participants were interviewed involving 4 focus group interviews with family members (N=8).

Data collection

The eight family members were organised into four focus groups and interviewed in pairs over a 5-week period. It was organised in this way to ensure accessibility of participants and availability of the researcher and Thai language translator. A decision was made not to extend the interview process to other families once it was determined that there was a reoccurring pattern of storylines presented with no new storylines emerging.

Each interview with the eight family members varied in time from 40 minutes to 1.5 hours with three groups interviewed in a hospital common room made available by the head nurses and one interview held in the FG at one of the benches. In attendance were the principle researcher, the Thai language translator (who was part of the research team) and the family member. Given the work commitments of families only one parent, and in the case of one child the grandmother, was consistently in attendance at the hospital and available for interview. Interviews began with a short explanation and were semi-structured with several key questions designed to encourage discussion and guide the development of the interview. The semi-structured interview was chosen to ensure

that all participants in the study were given an opportunity to respond to key questions. The interviews centred upon the following:

They were asked to comment on the things they liked about the FG, what benefits they saw for the children who used the garden. What did they think was going well? What was not going well with the garden? Had the FG changed the behaviours of the children? 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? What was missing from the garden?

Ethical considerations

Ethics approval was obtained from the relevant human research ethics committees. Written consent in English and Thai was prepared and disseminated and was obtained from all participants. Pseudonyms have been used for the children's names and family members.

Analysis

As indicated earlier, in analysing the data, we have principally drawn upon the work of Clandinin. In using this methodology we have taken a narrative view (our analysis) of experience (the participants' stories i.e. the phenomena) and not just approached this research as an analytical device (Bleakley 2004). We looked for the following:

• Words images

•Stories that bumped and rubbed up against each other. We heard the family members comparing the previous open space, with the FG, now a haven for children and families.

• Complex layers of text to provide the main threads or storylines. Within the storylines, threads are identified that bestow particular significance in picking up commonalities across storylines that help to provide an integral structure in developing our narrative.

• Contexts involving temporality, spatiality and the context of sociality. These contexts are important in NI as they can reveal lived experience and provide insights not normally available. As indicated by Clandinin (2013) in establishing narrative inquiry as a methodology the families' stories in this research are framed within these three dimensions of inquiry: temporality, spatiality and sociality. For each of the participants, word images have been presented to tell their stories.

Word images have been used to capture the richness of storylines and participants' experience (Clandinin 2013, van der Riet *et al*. 2012). In presenting the data in this way we are able to capture participants' stories in a form that represents their experience and which speaks evocatively to the reader, thus capturing the mood of the original text (van der Riet *et al.* 2012). All the words from the transcripts have not been selected, but instead keywords and phrases have been used with extracts being turned into word images to discover the key storylines (van der Riet *et al.* 2012).

As indicated earlier in this paper the use of the term story has been used in the context of the participant's account of their experience and presented as word images while the narrative refers to our discussion and findings. This is consistent with Clandinin's (1990) presentation of data and findings.

To ensure trustworthiness and rigor the researchers checked with one another on many occasions to see whether the findings made sense (credibility). The interviews were through a translator and at the end of the interview the principle researcher checked with the translator researcher to see if she was on the same path in understanding the storylines of those interviewed. After the chief investigator translated the interviews she checked again with the translator and the interview tapes were played with references to the printed translation to ensure accuracy and interpretation of the data. They also checked whether they had an accurate representation of family participants' stories (credibility). Furthermore, the researchers engaged in a process of reflexivity (confirmability) as we needed to be mindful of our own behaviour and actions (Jootun 2009).

Results

Exploring moments (stories) from the Fairy Garden with family members

Lek's Grandma's Word Images

Lek likes it. He laughs. FG makes him happy. The distress is gone. Children are happy and less bored.

FG makes the children forget they are sick, their fever and pain.

When children cry and don't want to eat, the FG is an incentive for them to eat.

They are happy and they stop crying

I like the beautiful flowers planted in the garden and displayed in containers and the fresh air. In the FG there is ventilation. Parents can rest and relax. It is a place I can just be. A quiet place I can look at the plants. A quiet place for parents. They can rest on the bench and read.

For the parents who have been staying here a long time they water the garden. It gives them something to do.

Families of sick children sit in the garden and talk to one another. They relax, lie down and read stories. Visually it is good for my eyes. I like to see the sprinkler going around watering the plants. It also makes parents happy.

Lek is 2 years old and he has been in the ward for almost 2 years with a history of short bowel syndrome. His grandmother stays all day and night with her grandson as her daughter -in -law, mother of Lek is 8 months pregnant. From Lek's grandma's word images we see that the dimension of space of the fairy garden is central to her storyline in creating happiness for her grandson and herself in a time of stress and uncertainty. In this space her grandson's distress is reduced and he can enjoy the space. There is a therapeutic and cooperation storyline in that the FG is a place where there is an incentive for the children to eat. Children and family are not bored, especially for the carers of long term children such as Lek's grandma. She admires the flowers and waters the garden. It is a space for her and other family members to relax. There is a storyline of Lek's grandma locating herself within a social dimension and being able to talk to other family members while caring for little Lek.

Mali's father's word images

When Mali is in bed she just cries and I take her in my arms to the FG (Mali cannot walk yet).There she forgets about the pain of having blood taken and injections. She enjoys, forgets and is happy and enjoys. She is joyful. When she goes into the garden she has a look at the other children and she would like to join in with the other children, play with the others, but she is too little. She likes the animals. There, in the garden there is more interaction.

For the other children they can exercise and make them healthy. Sometimes when the children go to hospital they don't want to eat or take their medicine but when they go to the FG they sit down they eat and then take their medicine.

Mali 10 months, was only admitted the night before for emergency bowel surgery. She has a history of Hirshsprung's disease. What we draw forward from these set of images is a story line similar to that of Lek's grandma about the landscape of the FG and how it has impacted on his little daughter; he has observed that it makes her happy and here in this space Mali is attentive to what other children are doing in the garden and wants to join in. Mali's father suggests she can forget about the distress of her illness. The sociality dimension of the FG is emphasised in Mali wanting to join with and play with other children. There is a storyline of play and enjoyment in the experience that frames her sense of unfamiliarity in the ward. He also comments that the garden can become an incentive for the children to eat more and take their medicine as the FG encourages more cooperation with their treatment. There is an energy storyline that the FG has the potential to improve health through activity and exercise.

Kularb's mother's word images

I like the wishing well. When Kularb sees the well she is just happy and she makes a wish. She goes there often to the wishing well, but does not tell what her wish is. Kularb also likes the swinging bridge. The FG is beautiful.

Kularb's is 14 years old and has a chronic autoimmune condition called systemic lupus erythematosus, (SLE) a recent renal biopsy shows the SLE has affected this part of her body. Although this set of images is short, we do hear a storyline of how a 14-year-old girl enjoys the FG and sees beauty in this space. She can make a wish at the wishing well and although we are not privy to what her wish might be we are left wondering. Perhaps it is wish to have a body that is free of abnormal antibodies attacking her kidneys and other parts of her body. Perhaps it is for a healthy body, and one without the pain and suffering of chronic illness such as systemic lupus erythematosus.

Within the space choices are made according to the children's perceived desire to engage in personal meaning and physical enjoyment. While we do not know what truly motivated her we can say with some certainty, given the repeated pattern of visiting the wishing well, that the little girl had an inner sense of the wishing well helping her in her need. The FG provides many stimuli for the children.

Guitar's Mother's word images

He likes the slide. Guitar can go up and down. He likes rocking toys and the swing. The garden can help the growth development of the children. The children can learn how to walk up and down

without falling. They have to learn how to solve problems. How to do this and exercise. They negotiate their way around to walk. Guitar likes to walk up and down on the swinging bridge. In the FG Guitar is happy. He is joyful.

Guitar's older sister (5 years old) wants to come to the hospital and see her brother, but really what she is saying is she would like to come and play in the FG herself. In the past they did not have anything like this and the children feared the hospital, got stressed and were bored.

This FG is beautiful. They have made this place beautiful. The children now love to come to hospital as it is a space they can play and enjoy. The FG is a beautiful place.

Guitar who is 18 months old was admitted with diarrhoea only one day ago. This is his third admission in 2 weeks. These word images from his mother present storylines similar to those of previous participants in that they emphasise a space creating happiness, playfulness and aesthetic beauty. There are many meanings in engagement: a physical place for children to play and be free of fear of the hospital, a space where children negotiate spaces, learn to move, exercise and learn how to prevent accidents such as falls.

The FG for this mother's experience is a place for toddlers to improve their physical development and learn how to walk and negotiate their steps safely. This storyline is of learning to figure things out. The social dimension is also present in that her 5-year daughter now wants to participate in visiting the hospital to play in the garden. Time and place are intertwined into a temporal context of desire as the family join together in the FG.

Importantly, children have lost their fear of the hospital as patients. In her word images the dimension of temporality is relevant as this mother moves backward and forward in time in explaining her experience of the FG. She reminds us that before the FG was built the children who came to hospital would be frightened, stressed and bored. Now they can play in a child friendly space free of fear and stress.

Ball's Father's word images

In the FG Ball learns about the plants and flowers. He wants to know their names. Here the children can develop their skills playing with other children. There is more interaction with other children, especially when they are waiting to have their blood transfusions.

There is more interaction among the parents to solve problems to discuss their children's illness and solve problems. He uses the garden every time, every month. He walks around to see the plants and flowers and goes on the slide, waits for half a day for his blood transfusion. They have to que one by one and then he has to wait around after his blood transfusion.

The FG is a beautiful place. It is a lovely place to see, to relax. For the children they are less stressed in the hospital and are not bored. In the garden they can play around walking, running they feel relaxed themselves. It is a nice place visually. They feel relaxed.

Ball, 12 years old has Thalassemia. Recurring storylines emerge of the FG creating a space to support children and reduce boredom and stress. Here they can play and relax. The sociality of the garden becomes an important dimension of interaction amongst the children. The FG becomes a space for the parents to interact, relax and enjoy the aesthetics of the FG while they wait for their children to have their blood transfusions. For Ball's father it is a storyline of education and developing social skills. Learning about plants and flowers in the garden adds another positive activity to engage the

children. Temporality is a further dimension in the experience of the garden as the father's storyline indicates the regular monthly attendance for blood transfusion allows Ball to expand and build upon his experience of the FG. Every month Ball attends the hospital to have his blood transfusion and accesses the FG facility.

Sun's father's word images

The FG offers new experiences. Here it feels safe. Before it was not safe. He likes the safety of FG. There are new experiences for learning for the children. FG can stimulate children eager to learn new things and promote their observation skills. It is natural. It is pleasant, less stressed. It is peaceful and here one can relax. Here he feels it is safe, before Sun got bored as he cannot sit for a long time.

Sun is 1 year and 7 months and was admitted the previous day with vomiting. At 10 months, he was admitted to the children's ward with severe abdominal pain diagnosed with intussusception. He has had numerous admissions to the ward with abdominal pain and vomiting. Weaving through the father's word images are similar story lines to the other family members as they refer to the opportunity for learning, activity and relaxation. Storylines contrast the space before and now, in acknowledging the FG is a safe, secure and an educational environment. Sun now actively engages with the FG facilities in a more sustained and enjoyable way. He is no longer bored. It is unclear if the reference to Sun's past boredom is from a previous admission or if it relates to just being located in the space of his bed in the children's ward.

During the interview Sun's father looks distracted and keeps looking around to check on Sun who is being pushed around the FG on a tricycle by one of the nurses. We can see that Sun is enjoying the experience as he is smiling and laughing. Our observation indicates that Sun is neither dependent nor clinging to his parent in engaging with the garden. It shows the magic of the FG to engage the child.

Apple's Mother's Word Images

FG is comfortable enough for mothers to take their children with IVs to the FG. Apple likes the swings and the bridge (Apple nods and smiles) as they can go up and down. When children cry and don't want to eat, the FG is an incentive for them to eat. They are happy and they stop crying. I like the fresh air, there is ventilation. Parents can rest. It is a place I can just be, a quiet place I can look at the plants. Families of sick children sit in the garden and talk to one another. They relax, lie down and read stories. When Apple goes out to the FG she not only plays, she makes comments about people leaving the garbage out there.

Apple is 14 years old and her mother tells us that her daughter has had a history of bowel obstruction involving 7 operations and malnutrition. Again the storyline of the FG reducing the children's distress is a central plotline, along with a therapeutic recurring thread of cooperation that the space is an incentive for the children to eat. The sociality dimension of increased interaction of family members is also evident since the FG provides a resting, peaceful and stimulating experience.

Chaba's mother's word images

It is a place I can be there sometime, a quiet place. I can look at the plants. Families of sick children sit in the garden and talk to one another. They relax, lie down and read stories. When children cry

from procedures mums take the children to the FG. It helps calm them down, a quiet place for parents to go. They can lie down on the bench and read a book and they take care of the place. It makes them happy.

Chaba's, a long term patient in the ward is 3 and half years old and has chronic lung disease and cerebral palsy from a complicated history. Chaba receives feeds via a gastrostomy tube, has a tracheostomy and is on a Puriton Bennett 520 ventilator. Chaba can come off her ventilator for short periods and her mum takes her every day into the garden and wheels her around on a tricycle since she cannot walk. Chaba likes the cubby house and has learnt her colours from her mother, naming the colours of the garden.

A familiar storyline of locating the children in a space of calmness, a place of relaxation for family members, a place for social interaction (sociality) where parents can talk to one another, especially for family members of long term patients such as Lek and Chaba. Chaba's mother's storyline is similar to Lek's grandmother's storyline. It can be a quiet place of contemplation in just sitting and looking. Many of the family members are Buddhists and we are left wondering if this becomes a space for meditation for them in that their attention focuses on the garden, the water and the colours, an oasis from the stressors of the ward.

Importantly, the FG as an educational experience has become a significant storyline. The colours of the garden stimulate the parent to teach colours, to talk with Chaba about what she can see to observe and name. Similarly, other parents recognise the value of the garden as an educational experience for the children supporting knowledge and skill development.

Looking to the future: Family members' storylines about what is needed in the FG

More toys. The children have to wait to use the toys. They have to queue to use the play equipment in the FG. It is very busy before and after the children's' blood transfusions. They have to wait. Here there are not enough toys.

Mali's dad worries about the germs in the toys because of the sick children who play in the FG. He would like to see the toys cleaned once a month.

Lek's mother says the garden is perfect.

*Kularb's mother wants **brighter** colors. It is not colourful enough.*

Father of Sun would like to see more little toy animals, elephants and chickens.

All want more flowers

Apple's mother wants more pictures, painting on the back of all the seats.

In looking to the future there are storylines from the family members that emphasise the value of the FG as a stimulus for children to experience both the visual and physical qualities of the FG. Parents and grandparents reveal desires to make the environment more attractive and friendly for young children by introducing more colour, visual imagery, toys and more play equipment. The current limited availability of toys and play equipment was seen as a problem as children have to wait for a turn. One parent, Mali's father raised safely concerns, although others did not have the

same concern. Notwithstanding issues of safely all of the parents regard the FG as an integral part of the hospital.

A significant point in the recommendations from families was the importance of stimulating experiences for children. Colours, imagery, flowers and equipment that actively engage children underscored how valuable families considered the FG in providing support for their children in an environment that is considered difficult for children to adjust to. In our observations of children playing in the FG we did note that the garden is very popular and that the children do in fact sometimes have to queue to use the play equipment, especially the little toddlers who like to sit on the spring toys.

Discussion – Our Narrative

Chronic illness affects development of children including growth development, behaviour, emotional well-being and psychosocial state (Jacques & Samples 2011, Peterson-Carmichael & Cheifetz, 2012). These storied moments from family members move backwards and forward in time and threads within these stories reveal states of happiness, cooperation, relaxation and activity. The FG is a welcoming place, in an otherwise alien environment of rules, procedures and limited engagement. The garden offers children of all ages and their parents/ carers a view of a new avenue of activity outside the biomedical model. Physical activity, mental stimulation and social interaction expand their hospital experience to include states of happiness, cooperation in eating, relaxation and responding to stimuli. The study by Sherman et al. (2005) also confirms the value of healing gardens to actively engage children in interacting with natural and built garden features and so lessen such physiological states as anxiety and physical pain. In some instances, children gain educational advantage by parents using the garden to teach children about colours. In other situations, the facility is used to encourage movement to build muscle strength for walking. The garden encourages children to eat and take their medication, an important aspect in the ongoing care of the children.

The FG has brought what is naturally an outside community space for play and other recreational activities and has the advantage of engaging children to a point where parents believe their children's pain, distress and boredom has lessened and they are more cooperative and responsive to treatment. Karlin (2006) in his work on best practices in environmental designs in hospitals suggests that exposure to nature can reduce stress and help with healing and that access to nature should be a priority for all health care facilities. Karlin (2006) also points out the importance of space for mental health patients to develop relationships. We would argue that this is also very important for family members of children with chronic illness to have a space for the development of relationships so they can support one another, especially when their children are so ill. For example, in the storylines of family members such as Chaba's mother and Lek's grandmother there is firm support for the FG as a place of interaction for children and family members. A qualitative study by Douglas and Douglas (2004) on patient friendly environments stated that patients and family members appreciate personal space and access to external areas. The work of Jonas & Chez in promoting optimal healing environments in health care remind us of the importance of health care settings that "facilitate relationships that support healing and wellness" (2004 p. s4). Whitehouse et al. (2001) acknowledged in their study of a hospital garden site that parents and hospital staff reported that the garden environment improved mood, assisted in coping with

bereavement, had a calming effect in managing stressful situations and provided quality time with their sick children.

During the interviews held in the FG, we noted that there were many other children playing in the garden, some of whom were relatives of the sick children in the wards while others came from visiting other parts of the hospital. The location of the FG may well be a factor in the popularity of the garden as it is centrally located between two main hospital buildings and has a number of wards looking out and down into the garden. The FG has become an integral part of the children's life in the hospital and creates an environment that has almost normal child activities from the outside world. It brings a normalcy to the life of sick children that nothing else can in a hospital ward. The metaphor of the hospital as "home" is important to families' as they struggle to support their sick children.

In noting family member's story lines for future improvements in the FG to optimise the functions of the garden there is value in "giving a voice" to families and other consumers in planning the physical garden environment and usage of the garden in promoting emotional and physical healing. A study by Varni et al. (2004) evaluated the built environment at a children's hospital and reported that parents were both satisfied and dissatisfied with elements of the built environment and concluded that parents of sick children should have more say in the design and building of hospital environments. Family members using the FG described the garden as a beautiful space that will benefit from more flowers, colour, more toys, better maintenance and someone to care for the garden. Culturally, in Thailand, colour is important. For example, colours represent political context through the colours of the National flag (Red, White and Blue), the King's flag (yellow), the Queen's flag (light blue) and political controversy in the use of colours red and yellow by opposing political forces (Suwanwattana 2010). In Thai art, colours are sometime used to represent a character in performance such as goodness or wickedness (von Feigenblatt & Otto 2010). Colours also represent religion through the colors of the garland draped across the top of the Buddha. The Buddhist flag and monks' cloth has yellow and orange colours to represent Theravada Buddhism which is symbolic of peace. Moreover, white represents clear light or enlightenment and liberation that one hopes to achieve at the highest state in meditation (von Feigenblatt & Otto 2010).

Safety is an important factor for consideration in a play environment for children, especially those debilitated by illness. While safety was a low order issue in the family storylines it was mentioned by one parent and becomes an issue over time as more children use the facility. Maintenance, especially in keeping the FG clean was also pointed out as an issue. Apple, a long-term patient with frequent admissions indicated concern about this problem. Evans (2007) reports that children are aware of environmental problems such as litter and Apple identified the FG as a special place that should be free of rubbish.

In summation of this feedback we reported the following suggested recommendations to the Head Nurses of the two children's wards: examine possible ways to maintain the garden and ensure an on-going risk free environment as it was suggested by participants that there needed to be regular cleaning of the play equipment, addition of more colourful flowers, more toys, paintings on display and a place for the children and others to wash their hands.

Limitations

This was a small study whereby the researchers represented eight family stories. The strength of our narrative reporting lies in the fact that from the eight participants there was a high degree of commonality in the storylines. The commonality of storylines has convinced us that we had reached saturation of the data and could stop our recruitment of parents in the study.

We have only reported on the families' stories and to gain a richer perspective we would recommend interviewing the children about their experiences of the FG in any future study, observing more closely garden usage and further examining how the FG can be sustainable in meeting the needs of patients and their families.

Conclusion

NI has allowed us as researchers to engage with empathy and sensitivity with not only our participants but also with the data. We immersed ourselves in the many storylines of the children's happiness and cooperation. The children were less stressed and so were the parents. Family members reported on the children's physical and social engagement. The FG was a non-clinical environment for play and relaxation and promoted interaction amongst the children, parents and caregivers. In order to advance adherence in sick children's treatment we believe that this Fairy Garden healing haven model may well be the answer to the puzzle of holistic care for sick children, especially those with a chronic illness.

Relevance to Clinical Practice: The "Fairy Garden" Healing Haven described here offers children and their families a unique therapeutic modality to optimise clinical outcomes and improve the quality of life for sick children.

Contributions

Study design: PV, PT, ET

Data collection and analysis: PV, CJ,PJ,SD,

Manuscript preparation: PV, PT, ET, CJ,PJ,SD,

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Abbreviations:

FG, Fairy Garden

NI, Narrative Inquiry

Figure 1 (Photo)

Figure 2 (Photo)