

The Lived Experiences of Filipino Parents Caring for their Child in Pediatric Intensive Care Unit

Richelle Joy D. Agapito¹, Princess Renalyn T. Cadag¹, Camille Ann C. De Guzman¹, Benjie P. Estrada¹, Angela Nicole S. Ong¹, and Yeshua Emer G. Sagcal¹

Abstract

A child's birth is a life-changing event for every family (Aitugulova, 2022). However, due to the uncertainty of life events like hospitalizations, where parents admit their children to the Pediatric Intensive Care Unit (PICU), expectant parents are thrown in a loop of mixed emotions. Hence, this study aimed to explore the lived experiences of Filipino parents caring for their children in the PICU. Using interpretative phenomenology, six (6) semi-structured, face-to-face and online interviews were conducted. Through the lens of interpretative phenomenological analysis, seven central meanings have emerged: 1) experiencing negative well-being repercussions, 2) coping through faith in God and social support, 3) witnessing the child's suffering as a parental challenge, 4) being financially challenged due to hospitalization, 5) experiencing difficulties fulfilling familial obligations, 6) having difficulties with professional medical updates, and 7) being inside the PICU is distressing. Therefore, this study highlighted a unique socio-cultural implication demonstrating that Filipino parents placed great importance on their children's welfare, which was apparent in witnessing the child's suffering as a parental challenge that was not seen in existing literature. Thus, this research has proven that Filipino parents' affection towards their children is incomparable and encompassing despite the tribulations brought by their challenging situation.

Introduction

A child's birth is a life-changing event for every family (Aitugulova, 2022). It is the most eagerly anticipated stage of life in one's family. For parents, having a child is both challenging and rewarding. For them, becoming a "parent" is a once-in-a-lifetime opportunity. When a child was added to their lives, the core of their lives changed since it was a new journey where they could learn new things and progress as individuals, not just for themselves but also for their new source of joy; their child. According to Thwala et al. (2015), few people grasp how difficult parenting is until they become parents. A parent's work is full-time, from feeding, cleaning, clothing, and ensuring that their children receive enough sleep to providing them guidance as they grow up and assisting them through difficult situations as individuals.

They play an essential part in their growth (Rubenstein et al., 2015). As a result, their presence in their child's life will always be prominent, no matter what, because being a parent lasts a lifetime.

However, expectant parents are thrown into a loop of mixed emotions due to the uncertainty of life circumstances, such as birth complications, unexpected accidents, and developmental illnesses that their children may acquire. Hence, determined to face this trial head-on, they ensure their child's well-being by providing them with the best care possible, mainly admitting them to the hospital under the supervision of professionals. In the hospital setting, there is a specific area or facility for the admission of children who require critical care and assistance, known as the Pediatric Intensive Care Unit (PICU).

Numerous parents characterize their experience as the start of a restructuring in the regular and expected flow of family life; it changes their perspective on life and death, as well as their objectives, expectations, aspirations, and visions for their child and family life (Taleghani et al., 2011). It disrupts the sense of normalcy within the family since it is a traumatic event that can alter the usual way of life, or they may consider it to have been a terrible ordeal that will be with them for the rest of

¹ Bachelor of Science in Psychology, Institute of Education, Arts and Sciences

their lives because it caused their source of joy, their child, to suffer and be in critical condition. The experience can break their hearts and compel them into a situation they did not want to be in. It frustrates and devastates them because of the unfortunate circumstances their children have faced, and it appears they are fighting a battle they had no idea about. However, it did not stop there because it did not just tap one aspect of their lives; it wiped everything, slowly consuming everything they had.

It is like a challenge where nothing can be predicted and too crucial to take a step; a single action can change everything because the main goal is to save one of the most valuable individual possessions: a life. It is excruciatingly painful for parents to watch their children face a life-or-death situation they have no control over. Unfortunately, they cannot undo things to save them from those circumstances or take that painful experience away from their children. Thus, it is essential to understand parents' lived experiences, struggles, and sacrifices as they confront life with their child inside the PICU. It is challenging to picture raising a child with their abilities, especially Filipino parents. As mentioned in an article by Justbluedutch (2016), Filipino parents are wholly hands-on and committed to their children, pouring their support and love into them to help them withstand the battle of life.

Filipino parents must prepare their children for school as soon as the rooster crows in the morning. Breakfast is being cooked, the warmed water used for bathing will be prepared, and school uniforms have already been ironed. When their child wakes up, they wash their hands, finish breakfast, take a bath, and wear school uniforms. Lastly, before the child leaves the house, Filipino parents must pack their child's *baon*, either food for snack or lunch, that was already sealed in a plastic food container.

In a snap of time, numerous tasks were already accomplished by a Filipino parent. This scenario is a typical morning routine of a Filipino parent, primarily mothers when preparing their child for school, which depicts how they prioritize looking after their children over taking care of themselves. It highlights how laborious the step-by-step process is for them and how physically demanding their

tasks are. It shows how they take good care of their children, even neglecting their own needs. With this in mind, their mental wellness also matters. How can they make their child stop crying and make them feel at ease if they do not feel well inside, how can they support their child emotionally when they feel hopeless, and lastly, what more if an unexpected circumstance led their child to be admitted to a hospital because of an illness or injury; worst, inside a PICU due to an unforeseen event. Hence, this study's objective was to examine Filipino parents' lived experiences caring for their children admitted to the PICU of hospitals within the vicinity of Pampanga.

The review of related literature sought to dig into the fundamental ideas about the pediatric intensive care unit (PICU) environment, parental role in PICU, parent stressors, and the parents' needs. The first section describes the setting of a PICU; the second section discusses the parents' roles in the PICU; the third section brings to light the stressors that can trigger the parent's state; the fourth section presents the parents' needs during the hospitalization; and the fifth section provides relevant previous literature findings of the aftermath of the child's hospitalization on parents.

The Pediatric Intensive Care Unit (PICU)

The Pediatric Intensive Care Unit, also regarded as PICU, is a healthcare institution that provides elevated supervision and extensive medical care to dangerously ill newborns and children (Aitugulova, 2020) between one and 18 years old (Kudchadkar et al., 2014). Due to birth problems, developmental illness, and unforeseen events such as vehicle accidents and burn injuries, a child may end up in PICU. The child in PICU requires advanced medical care that their parents cannot provide (Oxley, 2015) and thus has medical demands that cannot be handled on the main medical floors of the hospital; therefore, it is required to be admitted to the PICU of the hospital.

So, in this context, highly skilled doctors and nurses administer all necessary services and treatment and advanced instruments or equipment to facilitate a child's operating condition. In such instances, healthcare professionals' principal objective was to provide comprehensive, family-centered services

that addressed their necessities and encouraged their experience during their child's medical situation (Majdalani et al., 2014). Thus, in a setting loaded with life-saving equipment, PICUs are usually packed with relentless noise from several alarm systems, screens, and machinery (Hill et al., 2019). Breakthroughs in PICU technology, such as extracorporeal life-sustaining treatment, non-invasive ventilation, and non-invasive diagnostic and monitoring mechanisms, allow children with life-threatening conditions to live longer (Abela et al., 2020).

Patients being considered for admission to a PICU need to have their potential for receiving intensive care weighed against the associated benefits, risks, and downsides. In an ideal world, access to the PICU would be granted to all patients suffering from treatable conditions whose likelihood of mortality could be lowered through the advanced techniques of medical procedures and the receipt of treatment from a medical staff that was specifically trained in pediatric critical care (de la Oliva et al., 2018). It should be noted that seriously ill children living with potentially life-threatening disorders and abnormalities of one or more organs and systems should be placed in a pediatric unit as much as possible, including the need for stabilization after major surgical procedures (de la Oliva et al., 2018).

According to de la Oliva and colleagues (2018), multiple organ or system disorders that require stabilization for the need for continuous monitoring, diagnosis, support, or treatment of the underlying disorder by a team specially trained in critical care for children are examples of conditions that fall under this category. Patients with severe pulmonary or airway disease, patients with cardiovascular disease, life-threatening renal disease, patients with confirmed or suspected infection, severe gastrointestinal disease, potential neurologic disease, oncologic or hematologic disease, pre-and postsurgical patients with serious illnesses, or poisoning by environmental agents are required to be admitted to the PICU. In addition, other injuries and illnesses include heart failure, injuries sustained from firearms, chronic diseases, road traffic injuries (RTI), and blood infection.

The PICU differs from other types of primary care, especially regarding the intensity of the treatment and the probability of the child dying during the stay (Mattson et al., 2014). Prior research has found that the PICU journey is much more strenuous than any general hospitalization since parents of children admitted to the PICU have higher stress levels than parents of children admitted to general pediatric wards during their child's hospitalization (Majdalani et al., 2014).

Moreover, patients and family members have described the PICU as a stressful atmosphere due to the sudden, unexpected, and life-threatening illnesses they have faced and the uncertainty surrounding prognosis (Burebe, 2014). Also, many parents said the PICU setting was "a difficult world" (Alzawad et al., 2020), or they perceived it to be a chaotic and unfamiliar environment, where they started to feel they were "in another world" (Alzawad, 2020) because the setting seems distressing, severe and challenging (Oxley, 2015; Franck et al., 2015; Dahav & Sjöström-Strand, 2017, 2018).

Furthermore, a study by Oxley (2015) used terms like 'horrendous,' 'devastated,' 'helpless,' 'petrified,' and 'nightmare' as they described the PICU encounter as one of the terrifying things they had ever experienced. Therefore, being admitted to the PICU is a battle against the severity of the condition that a patient must contend with, as well as the atmosphere that creates a spectrum of emotions and can adversely influence both the child being admitted and the people involved in the child's life, the entire family, and significantly the parents (Atkins et al., 2012).

Parental Role in PICU

A parent is the child's primary caregiver and a dependable and supportive care provider during the child's admission to the PICU (Alzawad et al., 2020). Children depend primarily on their parents and community systems for physical, emotional, and social support after sustaining a critical injury or illness (Foster et al., 2019). Various researchers have found that parents' psychological well-being is pivotal in supporting their children's adjustment and recovery (Wiseman et al., 2018; Foster et al., 2016, 2017; Muscara et al., 2017). However, due to

unexpected life circumstances, parents' role shifts instantly from being accountable for their child's safety and welfare to entirely dependent on the medical staff to save their child's life (Curtis et al., 2016).

According to a systematic literature review on the impact of pediatric critical illness on families, one of the most stressful situations for parents is a transition in parenting roles (Oxley, 2015). In PICU, the hospitalized child demands complex medical care that the parents cannot provide. Thus, it is crucial to observe their state in engaging with their child in the PICU to understand their parental transition. If the parents of a critically injured child cannot meet their child's needs, the injured or ill child's physical and psychological adjustment faces challenges (Foster et al., 2016). Not only that, but the child has a greater chance of dying (Rodríguez-Rey, Alonso-Tapia, & Colville, 2018), and the entire family's well-being is affected (Foster et al., 2016).

Externally unfavorable situations, such as the child's severe condition or hospitalization, cause a decline in the mother's confidence in her role. Several studies argued that most intensive care units do not allow parents to stay with their critically injured children for long periods. As a result, parents feel powerless in a new setting where visiting regulations limit their ability to comfort and safeguard their children (Liu et al., 2013). This practice has a significantly detrimental effect on healthcare quality and parental trust (Aitugulova, 2020). Therefore, parents must adjust to their new role as social support rather than primary caregiver. They should adapt to changes due to their transition from everyday living to staying in the PICU and caring for their children to ensure their recovery.

Indeed, Aitugulova (2020) mentioned that parents need to be aware that they need to support their children during this time of difficulty. The involvement and participation of mothers in their children's care help them manage this stressful time in their lives. Active parental involvement and participation in caring for their child, particularly critically ill or injured children in hospitals, will result in excellent outcomes for parents (Aitugulova, 2020). As a result, the concept of

caring for their critically ill children lightens the process of adapting to hospital environments.

Amid the storm, a calm and trusting environment must be created for the parents and child to rest in. A study from Mattson et al. (2013) highlighted the importance of caring in the PICU directed toward the exposed child as a whole person. When a child is not treated holistically, caring is seen as weak. This caring act is evident when medical professionals are sensitive to the child's expressions, reactions, and needs inside the PICU. Caring for critically ill children aims to bridge the community's chaos with the parents to maintain closeness with the child in the present (Mattson et al., 2013).

Moreover, as Mattson et al. (2013) stated, it is vital to assist the child for the parent to develop emotional closeness and boundaries. Its purpose is to allow parents and children to endure the terrifying and critical situation together. The researchers identified significant caregiving meanings in the PICU from the parent's perspective. They were illustrated in themes: being a bridge to the child on edge, building a sheltered atmosphere, meeting the child's needs, and adapting the environment for family life. In line with that, caring touches on holistic values from the parents' perspective; being invited to continue to be in close relation with the child daily is viewed as a parental need. Therefore, caring is considered a skill that includes responding to and showing concern for the parent's presence in the environment (Mattson et al., 2013).

Consequently, Aitugulova (2020) emphasized that caring in the PICU entails establishing an open communication and trusting relationship between parents and healthcare workers, supporting parental involvement in their critically ill or injured child's care. It is also necessary to note that a parent's psychological condition impacts the child's development; thus, it is essential to have a positive parent-child relationship. When mothers take an active role in caring for their children, their negative perceptions are reduced, allowing them to feel valuable and necessary, boosting the mother's function even further. For instance, families in most European countries, particularly in northern

Europe, have unrestricted visits to their children hospitalized in intensive care units; this will allow the family, particularly the parents, to take a more active role in the care of their hospitalized children. Likewise, in providing healthcare services, it is critical to consider the hopes and preferences of parents, which is also a vital ingredient of evidence-based practice (Aitugulova, 2020).

Therefore, parental participation enables parents to become solid foundations for their children, especially during difficult times. Also, to provide holistic care to their children, a working relationship between parents and health care professionals must be established where they work hand-in-hand to ensure the child's recovery. It is universally expected that parents are willing to go to great lengths to ensure their child's well-being until they are ready to spread their wings and take flight. However, this is not an effortless journey; instead, it is a roller coaster ride of ventures due to many factors that can cause parental stress.

Parental Stressors that can Precipitate their Condition

Parents in the PICU are vulnerable to stress. The usual parental sources of stress observed include the medical setting, changes in a child's physical attributes, a shift in the parental role, and a lack of certainty about the child's medical situation and potential diagnosis (Stremmler et al., 2017).

The environment's light sources, noise, and procedures may exacerbate parental stress in the PICU (Berube et al., 2014). It is one of the stressors enumerated by several parents, especially when witnessing their child exposed to all the monitoring devices and specialist equipment (Sjöström-Strand, 2017). The environment, sounds, and smells can make them terrified and restricted (Aitugulova, 2020). Figuring a child in conditions of elevated sound exposure appeared more stressful for parents, according to Aitugulova (2020). However, they could progressively get used to it by suppressing the sounds of alarms themselves.

On the other hand, the child's appearance during admission (Majdalani et al., 2014), in which they are seen with a lot of needles and tubes (Suleman et al., 2019), is indeed disturbing for the parent since

they see their child endure invasive procedures (Majdalani et al., 2014; Dahav & Sjöström-Strand, 2017). Parents are taken aback by their child's physical changes (Curtis et al., 2016), which causes them distress (Suleman et al., 2019) since they cannot recognize their child (Oxley, 2015).

Besides that, Aitugulova (2020) concluded that shifting parental roles is the leading source of parental stress. It is one of the most significant stressors for parents in the PICU (Gallegos, 2010; Dahav & Sjöström-Strand, 2017) because an acute critical illness or injury endangers the parents' capacity to exercise and uphold their role; they are no longer a viable source of care for their child (Gallegos, 2010). The perception that they cannot act effectively to look after their child, the child's condition severity (Majdalani et al., 2014), as well as the child's survival and potential impairment (Aitugulova, 2020) is another widespread concern for parents (Majdalani et al., 2014, Dahav & Sjöström-Strand, 2017).

Other stressors associated, as reported by Curtis et al. (2016), with this role transition include being under constant pressure to make difficult decisions, interacting with the numerous highly specialized clinicians responsible for providing care, and being unable to be present with the child (Majdalani et al., 2014). Some parents said they could not leave their children on the ward because no one would look after them while they were gone (Oxley, 2015). However, parents in one study felt too much pressure since they assumed that after their child was brought to the ward, they would be exclusively responsible for their child's care, making it impossible to guarantee that their child was healthy. It is almost as if they had lost trust in their parenting abilities and wanted it to be rebuilt, mainly because they worried about their child being unwell and returning to PICU (Oxley, 2015).

Meanwhile, a review study conducted by Aitugulova (2020) found that parents whose children were admitted to a hospital on an urgent basis exhibited significantly more stress than parents whose children were voluntarily hospitalized because of the significant number of PICU admissions (Majdalani et al., 2014), is unanticipated and unplanned (Atkins et al., 2012).

Aitugulova (2020) found that all parents confirmed stress after diagnosis, which lasted throughout the children's stay in PICU. All of those, as mentioned above, are substantial factors resulting in parental stress levels (Majdalani et al., 2014). High parental distress impedes active participation in their child's care and adversely influences the in-patient child (Franck et al., 2015). Correspondingly, it has been proven that parental stress is connected to children's PTSD (Rodríguez-Rey et al., 2018). As a result, getting a more comprehensive knowledge of parental concerns before, during, and after a child's PICU admission will help improve outcomes (Rodríguez-Rey et al., 2018).

Parent's Needs During the Child's Hospitalization

Due to the numerous stressors that parents may encounter throughout their child's stay in the PICU, there are many considerations that they must have to keep on track and appropriately care for their child. Adequate information, consistent proximity to their child, effective parent-healthcare provider communication, an established support system, and several healthy coping strategies are some of the essential factors needed by the parents to cope with their child's hospitalization.

According to several authors, information is one of the most common needs for parents in the PICU (Berube et al., 2014). They must have access to important information essential to the child's recovery. It can only happen if they have exposure to the type of information that can provide the entire context of the illness or injury, down to the specifics they need to know. Moreover, the positive comments from the health professional will be important information for a mother who will provide home care after their child gets discharged from the hospital (Aitugulova, 2020). Due to that, they recognize their significance and express gratitude to healthcare experts for their skills while caring for their children (Aitugulova, 2020).

Knowing about the technology, monitors, tubes, and ventilation helped the parents feel comfortable and better understand the care (Dahav & Sjöström-Strand, 2017). It is reported that the staff must consider parents as their partners, keep them informed about the progress all the time, and need not beg for such updates (Majdalani et al., 2014)

since lack of information can cause a great deal of worry for the child's parents. (Oxley, 2015). As a result, such sources of information can assist parents in caring for their children in the PICU.

Also, it has been suggested that parents need to be close to their children, which Berube et al. (2014) referred to as 'proximity to the child.' Parents can fulfill their role if they are close to their children because they have the opportunity to provide good care. Physical space helps them be proactive and knowledgeable and feel the continuity of supervision when their child is in the PICU (Majdalani et al., 2014; Aitugulova, 2020).

For parents, child hospitalization is an entirely different experience (Aitugulova, 2020). Communication with the healthcare provider is thus essential (Majdalani et al., 2014) because healthcare professionals are equipped to guide parents and provide knowledge about the sounds and devices in the PICU (Aitugulova, 2020). The PICU staff impressed parents by being highly skilled and always looking out for the child's best interests (Dahav & Sjöström-Strand, 2017), in which parents felt safe and secure in the PICU team's attention and care for their child. Also, the need for staff and health providers to respond to patients' parents in the language they are comfortable with is a likely need that has been highlighted in a study (Majdalani et al., 2014).

Multiple studies in PICU units found that poor communication was a primary source of dispute between parents and PICU staff. Thus, they must be mindful of this concern since misunderstanding can exacerbate parents' fear and sense of powerlessness (Majdalani et al., 2014). The healthcare provider's interaction with the patient's family, particularly in pediatric wards, is an essential component of family-centered care and a key to a trusting relationship where they can work together to have a productive collaboration of knowledge acquisition. When the nurse and the family work together to achieve the same goal, the child benefits the most (Aitugulova, 2020).

Moreover, Aitugulova (2020) found that the lack of connection between healthcare personnel and the family created a feeling of isolation and loneliness.

Parents must acknowledge that solid relationships between healthcare providers are one element in coping with stress. Additionally, it was discovered that during their child's hospitalization, parents required additional assistance from family members, relatives, and peers to address their psychosocial needs (Wiseman et al., 2018). Furthermore, Wiseman and his colleagues (2018) established that parents also experience psychosocial distress due to their child's injuries or illness, including financial difficulties, a lack of social support, uncertainty about the future, and problems returning to their careers.

Also, Terp and Sjöström-Strand (2017) found that parents who could not work due to their child's prolonged hospitalization lost their jobs. However, some parents are exhausted from staying with their children to keep an eye on them while maintaining order at home and work (Berube et al., 2014). As a result, the additional assistance will provide a robust support system to help them deal with their situation. According to a study, it is mentioned that a supportive relationship with their partner was essential to how parents managed to have a seriously injured or ill child; these strong relationships created the foundation for parents to cooperate in supporting their injured or ill child (Foster et al., 2019).

Furthermore, parents must have various coping strategies to help them manage their situation (Geoghegan et al., 2016), such as staying at the child's ward for extended periods to gain more information and requesting a place to stay or rest close to the child (Berube et al., 2014). As proposed, if a parent's experience of their child's time in PICU can be acknowledged, the trauma that parents may face and some harmful effects of their child's admittance can perhaps be mitigated by reducing their stress (Oxley, 2015) and seeking assurance (Berube et al., 2014). When their children are critically ill, parents work hard to be available and take part in their child's care is referred to as active participation, which is viewed as one of the effective coping strategies for parents in the PICU (Geoghegan et al., 2016; Dahav & Sjöström-Strand, 2017).

There is also dependence on God. All participants expressed worry and fear of the unknown future, but they also indicated emotional contentment. This comfort was linked to their faith in God. Regardless of their beliefs, they all relied on God, the forgiving and mighty, to determine their child's future and well-being (Majdalani et al., 2014). Hence, parents' concerns must be acknowledged thoroughly to understand how to fulfill their role within the PICU.

The Aftermath of the Child's Hospitalization on Parent

Regardless of the relevant factors taken into consideration to assess the situation that parents are in, it is problematic for them to grasp the situation effortlessly because parents, according to Mattsson (2019), end up losing their base of support in life while accompanying their vulnerable and terrified child to the PICU.

According to the research (Oxley, 2015), parents endured minute by minute during their child's admission, and their experience was stressful, emotional, and heartbreaking. It is remarked that having a child in the hospital for a life-threatening illness or injury can cause significant and negative psychological responses in families (Abela et al., 2020), particularly in parents (Muscara et al., 2015). A child's admission to the PICU has been associated with developing chronic psychiatric disorders in parents after discharge from the PICU (Abela, 2020). They are more likely to experience severe depression, anxiety symptoms (Muscara et al., 2015; Franck et al., 2015), and post-traumatic stress disorder (Franck et al., 2015; Abela et al., 2020). The psychological impact of having a child in PICU, with rates of post-traumatic stress disorder (PTSD) around 20-30 %, anxiety around 20 %, and depression around 15 % (Rodríguez-Rey et al., 2018).

Consequently, according to multiple studies, parents of hospitalized children experience physical impacts, including shorter sleep durations, more nightly epiphanies, and difficulties settling down (Stremmer et al., 2017). Also, they experience exhaustion, unease, headache, irritability, and disruption of meal patterns. Similarly, a study discovered that over 80% of mothers with children

in a pediatric intensive care unit had low energy and a poor appetite (Curtis et al., 2016).

Regarding emotional well-being, the frequent highs and lows of being in the PICU took an emotional toll on parents (Alzawad et al., 2020). In a study, mothers had a spectrum of emotions from the moment they learned of the diagnosis until they were released from the ICU (Aitugulova, 2020). Aside from this, parents experience trauma that does not end when the child is discharged but lasts for months (Oxley, 2015). They appear to 'cope' while in the PICU, but once they return home, the truth of what has happened takes time to set in, and this is when they experience flashbacks and wish to forget the incident ever occurred (Oxley, 2015).

Debilitating illness or injury impacted parental roles, family dynamics (Abela et al., 2020), and the well-being of all. It is recognized as a traumatic situation (Foster et al., 2019; Terp & Sjöström-Strand, 2017), a painful and unpredictable phase for parents (Suleman et al., 2019); they perceive the environment in the PICU as primarily disturbing (Terp & Sjöström-Strand, 2017). According to Dahav and Sjöström-Strand (2017), parents frequently feel helpless since they are unsure of how to care for their child in the PICU. They are subjected to much duress when their child is hospitalized with a devastating illness or injury. They are initially concerned about their child's survival and may experience guilt and blame themselves after (Foster et al., 2019). Parents, however, continue to make an effort to be present and involved in their children's care (Mattsson et al., 2013) to hold out hope that their child will recover, not wanting or able to confront the potential of their child's death (Liu et al., 2013).

For this reason, following Majdalani et al., 2014, there are many studies conducted in several centers throughout the United States (De Lemos et al., 2010; Johnson et al., 1995; Meert et al., 2008; Meyer et al., 1998; Needle et al., 2009), Canada (Aimes et al., 2011; Carnevale et al., 2007; Kirschbaum, 1990), South America (Hayakawa et al., 2009), Europe (Colville et al., 2009; Colville & Gracey, 2006; Diaz-Caneja et al., 2005; Hall, 2005b; Latour et al., 2011b; Noyes, 1999; Spitz-Koberich et al., 2010), Australia (Haines et al.,

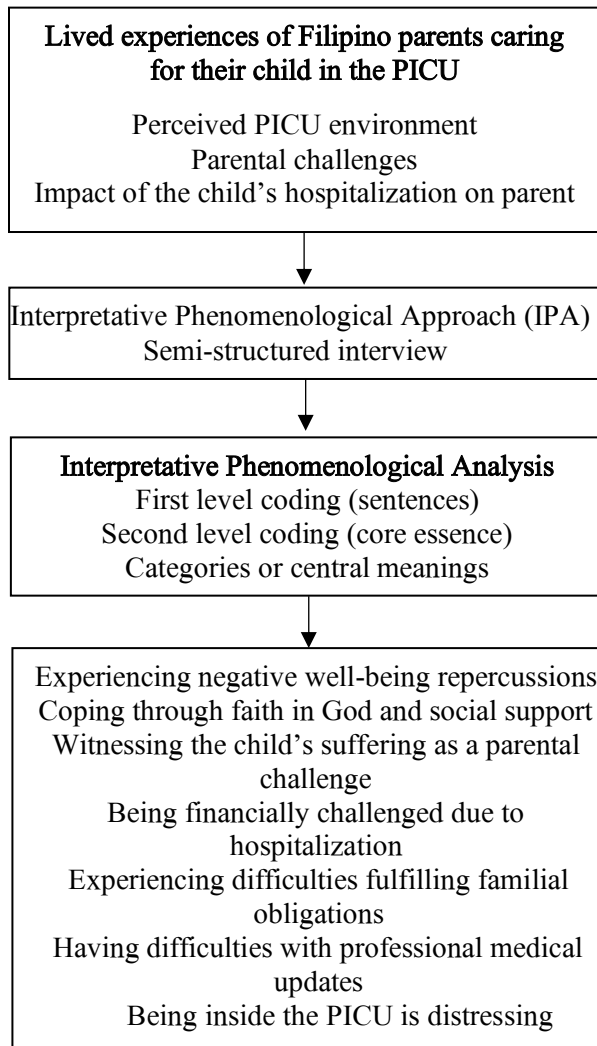
1995; Maxton, 2008) on diverse facets of the parents' PICU experience. This clearly shows how studies about the current topic were conducted across nations; however, there is little or none done in the Filipino context.

Notwithstanding, within the existing body of knowledge, many studies have been published in different countries to assist us in comprehending what parents go through when their child is in PICU. They introduce a wide variety of unique perspectives to emphasize the significance of this research. However, none of the studies delved into Filipino parents' experiences; moreover, neither of these studies reveals how Filipino parents manage similar situations. Exploring parents' perspectives through the Filipino viewpoint revealed a research gap in this context.

According to Gozum (2020), Filipinos appreciate their families and have long been recognized as remarkable because of their care and love for their family members. Scholars highlight a general trend in Filipino families, such as a deep sense of family and community, which includes an emphasis on togetherness among immediate and extended family members and a preference for interdependence and collective aims above individual aspirations (Garcia & de Guzman, 2017). Given the circumstances, Filipino families have a strong sense of tight relationship, and knowing that one of their members is in grave danger is a devastating event. Therefore, the study aimed to gain knowledge about Filipino parents' experiences caring for a child in a PICU to understand their predicament in a local context further.

A further research gap is the lack of studies in the Philippines on parents' experiences with a child in PICU. This study is a significant concern to research since parents play an essential role in their children's lives. Their experiences contending with critical conditions, such as a child's hospitalization to the PICU, must be addressed. Their experiences must be acknowledged to comprehend their parental transition better. Thus, this study would better grasp how a parent, mainly Filipino, views and conveys their experiences during distressing situations.

Figure 1. Research Paradigm



The figure above shows the framework of the present study. The researchers examined the lived experience of Filipino parents caring for their child in PICU, specifically looking into their perceived PICU environment, parental challenges and needs, as well as the impact of the child's hospitalization on the participants. Consequently, the researchers employed an Interpretative Phenomenological Approach to have an in-depth exploration of these experiences obtained through semi-structured interviews. The data coding took three genetic cycles starting from the first-level coding (sentences), second-level coding (core essence), and the categories or central meaning. The researchers then identified seven categories or central meanings from the parents' experiences: 1)

Experiencing negative well-being repercussions, 2) Coping through faith in God and social support, 3) Witnessing the child's suffering as a parental challenge, 4) Being financially challenged due to hospitalization, 5) Experiencing difficulties fulfilling familial obligations, 6) Having difficulties with professional medical updates, and 7) Being inside the PICU is distressing.

Method

The researchers recruited 6 participants to perform the research study. According to Clarke's research in 2010, the recommended sample size for professional doctorates is four to ten, while three is the standard for undergraduate or masters-level IPA studies (Noon, 2018). Similarly, according to research by Turpin et al. (1997), clinical psychology graduate programs in Britain advise having six to eight participants for an IPA study. The ability to compare and contrast individual differences and similarities is made possible by having a sample of this size. Simultaneously, the amount of qualitative data obtained from this sample size is manageable (Pietkiewicz & Smith, 2014). Also, the exact number of parents, three mothers, and three fathers were recruited in the study to acquire data homogeneity.

In addition, the researchers used a semi-structured interview to gather information about parents' experiences caring for children in PICU. Individual interviewing is the gold standard of qualitative research and one of the most effective ways to delve into a person's innermost thoughts (Aitugulova, 2020). Semi-structured interviews were used because they better suited the research goal of understanding the context and developing a hypothesis or theory to explain parents' experiences in the PICU (Aitugulova, 2020). The researchers constructed their self-made interview guide to address the study's research question. Following the creation of the interview guide, three psychologists or psychometricians validated it to ensure that the questions were relevant to the study's aim.

The researchers employed an Interpretative Phenomenological Approach (IPA) which investigates and gives meaning to the responses of the participants (parents) regarding lived experiences during their child's admittance to the

Pediatric Intensive Care Unit (PICU). Then, to analyze qualitative data, the researchers used Interpretative Phenomenological Analysis. In this data analysis, according to Alase (2017), researchers are recommended to read the interview transcripts numerous times before beginning their data coding process in a qualitative structure; they are encouraged to do so at least three times to acquire a sense of what the verbal communication with research participants was used to better understand their "state of mind" regarding how the topic had affected their "lived experiences" as well as to understand better what they were saying.

Data coding takes three generic cycles, as per Alase (2016). This generic coding method thoroughly and systematically analyzes participant responses without losing or distorting the essence of the participant's responses. The first general cycle gradually converts study participants' frequently complicated and lengthy responses into insightful chunky remarks (or sentences). In order to get closer to the "core essence" of what the research participants were conveying, the researcher can further assist by condensing the first generic bulky phrases (or sentences) into fewer words using the second generic cycle. As the third and final generic cycle stage, the category phase enables researchers to condense participant replies into a minimal number of words. The researcher's goal in this last stage, the category stage, is to condense (capture) in one or two words the "core essence" of the paramount meaning (meaning unit) of the research participants' "lived experiences." The "meaning unit," which, according to Graneheim and Lundman (2004), is a collection of phrases or sentences that share a common "core essence" or "primary meaning" of the "lived experiences" that the research participants are endeavoring to transmit through their responses.

After that, researchers are encouraged to use the same procedure to develop their research categories/central meanings. By employing a similar technique, the researchers have put themselves in a position to accurately capture and express the "core essence" of the research participants' "lived experiences" without distorting or misrepresenting them (Alase, 2017). Following that, three external auditors defined and validated

the categories/central meanings, such as a psychometrician or a psychologist, who are skilled in qualitative research or knowledgeable about the study's topic.

Further to that, according to Arifin (2018), ethical considerations have a particular resonance in the qualitative study due to the in-depth nature of the research. Aside from selecting a suitable research technique and procedures, crucial ethical considerations must be considered in the study (Fleming & Zegwaard, 2018).

Prior data collection, the research Ethics Committee approved the paper. Afterward, the researchers sought consent from the hospitals and institutions. Following ethical approval, participants were recruited in the PICU or by anyone who met the criteria. The researchers then explained the study's purpose to the participants. Before conducting the interview, they provided informed consent to their participants.

Participants have the right to understand what they agree to and sign up for and the prospective risks and benefits of participating in this research study. They were not forced to partake in the study if they felt obliged to engage because they were embarrassed about not participating or had other reasons to agree, even if they were unwilling to participate. Additionally, there were no consequences or repercussions for participants who decided to discontinue before or during the study.

To ensure the welfare of participants, a registered Psychologist, who has undergone relevant training and gained numerous experiences handling such situations, monitored the interview process conducted by the researchers. This arrangement ensured that the participants were given the respect they deserved because they were the researchers' top priority. The researchers would demonstrate ethical and appropriate intervention to help the parent/s cope with the situation in case of any chance of an adverse reaction in the middle of the interview session.

Also, after the interview session, the participants underwent a debriefing protocol in which they experienced an aftercare debriefing session for 10-

15 minutes post-discussion to allow them to share their thoughts or feelings during the interview. The researchers confirmed that there were no adverse reactions or feelings elicited. Still, the researchers reiterate the existence of a possible hotline they can reach out to in case of negative emotions (National Center for Mental Health (NCMH), Natasha Goulbourn Foundation Hopeline, JBLMGH - Acute Psychiatric Unit). The researchers then reached the participants to check their status days after the interview.

In this study, reflexivity was considered. The researchers wrote a reflexivity journal about their personal biases, preconceived notions, and feelings about their participants and the topic to identify the possible impact of their views on the study. Confidentiality was also crucial, and researchers ensured that only the other researchers and the participants had access to the information provided during the interview. One of the researcher's responsibilities is to protect the privacy of their participants, and researchers should show their respect for the participants by keeping the information they provide secure, confidential, and anonymous.

Thereafter, securing and managing the data gathered during a qualitative research study was essential. The researcher must offer sufficient protection for the storage of the obtained data. In compliance with Alase's (2016) recommendation, all data gathered by the researchers were destroyed by deleting any audio or video recordings of material after it had been transcribed for the security and protection of the participants. Additionally, the researchers offered a reliable storage system for managing and storing the research findings. Rubin and Rubin (2012) urged researchers to have a reliable safety system that shields the data gathered from the hands of an outsider, i.e., providing a secure password system for the filing and archiving of research data. Therefore, all data were immediately erased upon the completion of the data analysis in order to safeguard and protect the participants' well-being.

Results

Table 1. Participant's Demographics (n=6)

Demographic Profile	n	%
Sex		
Female	3	50
Male	3	50
Age		
25	1	16.7
28	2	33.3
30	1	16.7
32	1	16.7
35	1	16.7
Marital Status		
Married	2	33.3
Single	4	66.7
Educational		
College Graduate	2	33.3
High School	4	66.7
Employment		
Employed	1	16.7
Self-employed	3	50
Unemployed	2	33.3

The table above shows that the total number of participants is six (n=6). Three females and three males, ranging from 25-35 years old. Four are single, while two are married. Four participants attained a high school diploma, while the other two obtained a college degree. Moreover, three are self-employed, one is currently employed, and two are unemployed.

Table 2. Demographic Characteristics of the Children (n=6)

Demographic Profile	n	%
Age		
1 year old	2	33.33
2 years old	2	33.33
5 years old	1	16.67
7 years old	1	16.67
Sex		
Female	3	50
Male	3	50
Hospital		
Private	4	66.67
Public	2	33.33
Diagnosis		
Acute Respiratory Issue and Pneumonia	1	16.67

Pneumonia	1	16.67
Heart Disease, Acute	1	16.67
Kidney Injury, Down Syndrome		
Blood Infection	1	16.67
Severe Asthma Exacerbation	1	16.67
Traumatic Brain Injury	1	16.67
Length of Stay		
1 month	2	33.33
Almost 2 weeks	2	33.33
5 days	1	16.67
4 days	1	16.67
Child Admission		
Planned	1	16.67
Unplanned	5	83.33

The table above shows a total of six children (n=6). Three females and three males, ranging from 1-7 years old. Four are admitted to private hospitals, while two are to public hospitals. They were admitted to PICU with various medical and surgical conditions, and their stay ranged from four days to one month. Moreover, five admissions were unplanned, and one planned admission.

After a series of interviews with the participants, seven categories or central meanings emerged from the analysis: 1) Experiencing negative well-being repercussions, 2) Coping through faith in God and social support, 3) Witnessing the child's suffering as a parental challenge, 4) Being financially challenged due to hospitalization, 5) Experiencing difficulties fulfilling familial obligations, 6) Having difficulties with professional medical updates, and 7) Being inside the PICU is distressing.

1. Category/Central Meaning 1: Experiencing Negative Well-Being Repercussions

The first category that emerged is parents experiencing negative well-being repercussions. This discusses how the child's hospitalization affected the parents in numerous facets, such as physical, emotional, and mental aspects.

Parents reported that they are finding it difficult to sleep since they know that their child is in the hospital and is suffering because of their illness. They mentioned that:

“Syempre hindi ka ano [nakakatulog] na kasi iniisip mo ‘yong anak mo kung okay lang ba siya doon tapos lalo na kung nakita mo na nakatubo siya. ‘Yon hindi ako nakakatulog ng maayos.”

- Participant 3, lines 59-60, page 20, mother of a one-year-old child with Pneumonia

"Of course, you are not [able to sleep] since you are wondering if your child is okay, especially if you saw your child inserted with a tube. That's why I do not have a proper sleep." - Participant 3, lines 59-60, page 20, mother of a one-year-old child with Pneumonia

“Sa ngayon medyo mahirap [matulog] kasi nga ‘yong hindi namin siya kasama sa bahay ganoon, nasa hospital siya, ayun.” - Participant 6, line 21, page 39, father of a seven-year-old child with Traumatic Brain Injury

"Right now, it is a bit difficult [to sleep] because she is not with us at home; she is in the hospital, that is why." - Participant 6, line 21, page 39, father of a seven-year-old child with Traumatic Brain Injury

Another parent stated that by God's grace, she could still sleep; however, waking up at an unpredictable hour at dawn. She said:

“Pagdating ng gabi Sir, sa awa ng Diyos nakakatulog naman ako ng maayos, ‘yon nga lang nagigising din ako ng madaling araw sa alanganin na oras.” - Participant 1, line 95, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

“When the night comes Sir, in God’s grace, I can have a good sleep. It’s just that I also woke up at dawn when the time is uncertain.” - Participant 1, line 95, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

Furthermore, a father of a seven-year-old with a traumatic brain injury also mentioned that he was physically fatigued. His daily itinerary consists of going to work, traveling to the hospital, and then coming home. A father may feel worn out due to the quantity of work he must undertake. He remarked:

"Physically, well pagod kasi work tapos pupuntahan mo yung anak mo then sa bahay ganoon, pabalik-balik every day. Nakakapagod." - Lines 37-38, page 41

"Physically, well I am tired because of work, then you will go to your child, then head home, every day back and forth. It is exhausting." - Lines 37-38, page 41

"At the moment, ayun pagod syempre 'yun nga dahil sa maraming ginagawa pabalik-balik sa trabaho, ganon." - Line 56, page 42

"At the moment, I am tired, of course, because of doing many things back and forth to work like that." - Line 56, page 42

A mother (P1) of a two-year-old child with heart disease and acute kidney injury mentioned that she was always crying and tired when going home and had a lot on her mind. She said:

"Kapag dito sa bahay wala po eh, iyak lang po ako ng iyak, parang lagi po akong pagod. Madaming iniisip, parang ganoon po." - Participant 1, line 55, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"When I am here at home, there is nothing I can do but to cry, I always seem tired. Too much thinking, it seems." - Participant 1, line 55, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

Parents noted that they were preoccupied with their child's condition to the point that they could not even eat properly. They mentioned:

"Pinipilit ko nalang Sir kumain dahil kailangan ko rin kasi Sir magpakatatag kahit nilalagyan ko lang din talaga laman ang tiyan ko." - Participant 1, line 93, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

"I am just forcing myself to eat because I need it Sir, to be strong even if it is just to fill in my stomach." - Participant 1, line 93, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Kasi hindi din ako makakain ng maayos kasi yung anak ko hindi makagalaw ng komportable ganoon." - Participant 3, line 60, page 20, mother of a one-year-old child with Pneumonia

"I cannot even eat properly because my child cannot move comfortably like that." - Participant 3, line 60, page 20, mother of a one-year-old child with Pneumonia

Parents reported how they found it difficult to accept the circumstances after their child was admitted to the PICU. They stated that:

"Hindi mo matanggap as a mother na, parang hindi deserve ng anak mong magkaroon ng ganoon kasi parang sayo hindi ka naman nagkulang sa pangangalaga sa kaniya para magkaroon siya ng ganoon." - Participant 3, Line 32, page 18

"You cannot accept as a mother; it seems like your child does not deserve to have something like that because you did not fail to take care of him for him to have such." - Participant 3, Line 32, page 18

"Ing anak mu pu emu balu ng malyari kaya. Emu pu akayi na ing anak mu pu miras ya king makanyan." - Participant 2, line 33, page 12, father of a two-year-old child with Sepsis or Blood Infection

"You have no idea what will happen to your child. You cannot think of a reason why your child is in that kind of situation." - Participant 2, line 33, page 12, father of a two-year-old child with Sepsis or Blood Infection

Furthermore, parents described how their child's condition caused them pain and suffering; they responded:

"Masakit pu kanaku [pag akakasabi ke]." - Participant 2, line 28, page 12, father of a two-year-old child with Sepsis or Blood Infection

"It hurts me [whenever I talk to her]." - Participant 2, line 28, page 12, father of a two-year-old child with Sepsis or Blood Infection

"Ayun, masakit na nakikita mo yung anak mo na nasa ganoong kalagayan, na siya 'yong nahihirapan,

pero 'yon nga wala namang may kagustuhan na mangyari 'yong ganoon." - Participant 6, line 39, page 41, father of a seven-year-old child with Traumatic Brain Injury

"Well, it hurts to see your child in such a situation that she is suffering, but no one wants that to happen." - Participant 6, line 39, page 41, father of a seven-year-old child with Traumatic Brain Injury

"Hirap sir, opo sobrang hirap." - Participant 1, line 93, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

"It is hard, Sir, yes, it is tough." - Participant 1, line 93, page 8, mother of a two-year-old child with heart disease, Acute Kidney Injury

A mother (P5) of a five-year-old child with severe asthma exacerbation claimed to be emotionally drained due to their situation. She responded:

"Siguro, I'm drained... I am very drained. Emotionally oo." - Line 56-57, page 35

"Maybe, I am drained... I am very drained. Emotionally yes." - Line 56-57, page 35

In addition, a father (P4) of a one-year-old child with acute respiratory issues and pneumonia expressed his despair over his child's condition by saying that he could not do anything other than pray. He said:

"Mahirap kasi unang anak mo 'yon tapos nakikita mo nahihirapan, alam mo naman na wala kang magagawa kung hindi ipanalangin siya para gumaling agad." - Line 17, page 24

"Difficult because it was your first child, then you see him struggling, you knew there was nothing you could do but pray for his fast recovery." - Line 17, page 24

Due to their circumstances, a mother (P1) of a two-year-old child with heart disease and acute kidney injury revealed uncertainty about the child's situation. She mentioned that:

"Kasi baka po ano, alam mo 'yon baka bigla ka po iwan." - Participant 1, line 90, page 7, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Because maybe she will, you know that maybe she will suddenly leave you." - Participant 1, line 90, page 7, mother of a two-year-old child with heart disease, Acute Kidney Injury

Moreover, parents also expressed their regret for the situation their children found themselves in. They said:

"Ano po, nagsisi po. Dapat po pala pina-operahan po namin ng maaga" - Participant 1, lines 60-61, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"I regret it. We should have had the surgery sooner." - Participant 1, lines 60-61, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Honestly, gusto ko nang— I wanna pack [child's name] and go home. I want to redo the time. I wish we never have eaten in the restaurant you know." - Participant 5, Line 35, pages 32-33

"Honestly, I want to— I wanna pack [child's name] and go home. I want to redo the time. I wish we never have eaten in the restaurant you know." - Participant 5, Line 35, pages 32-33

A mother (P5) of a five-year-old child with severe asthma exacerbation stated that many people doubt her capacity to care for her child and be a good parent because she unexpectedly got pregnant and became a single mother; hence, she feels incompetent to be a mother. She responded:

"Honestly, I think it— I feel incompetent ako as a mother. Kasi, like, I had [child's name] unexpectedly, so a lot of people were judging me already if I can— you know, sustain him— be a good mom to him, ganyan. Syempre like, as you all know naman na 'di ba single ako ganyan tapos parang accident si [child's name], pero I don't think he's an accident 'di ba?" - Line 39, page 33

"Honestly, I think it—I feel that I am incompetent as a mother. Because, like, I had [child's name] unexpectedly, so a lot of people were judging me already if I can—you know, sustain him—be a good mom to him, like that. Of course, like, as you all know, I am single, so it seems like [child's name] was an accident, but I do not think he's an accident, right?" - Line 39, page 33

"He's my— my everything, so parang ngayon na ano ba ko! Bobo ba 'kong mother? Alam mo yung iniisip ko na dahil ba incompetent ako kaya biglang nandito yung anak ko ngayon? So, a lot of questions are going through my head right now, kaya ganun yung nararamdaman ko." - Line 40, page 33

"He is my— my everything, so now, what am I? Am I a dumb mother? You know, I think that the reason why my child is suddenly here now in this situation is that I am incompetent. So, a lot of questions are going through my head right now, so that is how I feel." - Line 40, page 33

Also, a mother (P3) of a one-year-old child with pneumonia exhibited a stressed feeling toward her child's situation. Thus, she responded:

"Stress, oo kasi 'yon nga dahil nga sa unang diagnose niya ng baby, kung makikita mo x-ray niya ano pa, parang, anong tawag dito magagawan pa ba ng paraan 'yon though sinabi naman ng ano [doctor] na malaki yung chance. Kaya lang makikita mo 'yong anak mo na nakatubo or something ganon nasa ICU, ano, mabigat." - Lines 41- 42, page 19

"Stress, yes, that is because of the first diagnosis of the baby; if you can see his x-ray, it is— it is like, what do you call this one? Is there a way to do that though he [the doctor] said there is a big chance. But you will see your child being intubated or something like that in the ICU, like— heavy." - Lines 41 - 42, page 19

Furthermore, a father (P4) of a one-year-old child with acute respiratory issues and pneumonia revealed having intrusive thoughts of being in that situation. He responded that:

"To be honest, naisipan ko na ngang magholdap, kasi napakalaki ng bill 'di mo alam kung saan, at the

same time gusto mo na rin mawala sa mundo kasi napakahirap kayang pagdaanan 'yong ganun na sitwasyon." - Line 26, page 25

"To be honest, I thought of doing illegal things because the bill is so big, you do not know where; at the same time, you also want to disappear from the world since it is challenging to go through that situation." - Line 26, page 25

2. Category/Central Meaning 2: Coping Through Faith in God and Social Support

The second category or central meaning is parents who spent significant time in the PICU reported that despite their distressing situation, coping through faith in God and social support was determined by asking for help from higher being and having a support system through their family and friends.

Due to the difficulties parents encounter when their child is admitted to the PICU, prayer is one of their sources of strength, according to parents, which has helped them get through difficult circumstances. All participants acknowledged the importance of praying or conversing with God and having confidence in His benevolence. Participants responded:

"Wala po, dasal lang po talaga." - Participant 1, line 40, page 4, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Nothing, I just pray." - Participant 1, line 40, page 4, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Ano Sir, dasal po." - Participant 1, line 51, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Like prayers, Sir." - Participant 1, line 51, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Manalangin namu pu. ala nakupung akakayi." - Participant 2, line 45, page 13, father of a two-year-old child with Sepsis or Blood Infection

"I just pray." - Participant 2, line 45, page 13, father of a two-year-old child with Sepsis or Blood Infection

"Yong mga ganon, prayers." - Participant 3, line 49, page 19, mother of a one-year-old child with Pneumonia

"Those prayers." - Participant 3, line 49, page 19, mother of a one-year-old child with Pneumonia

"First of all, 'yong prayers ganun pagpunta sa church... Oo-... -lalo na sa prayers." - Participant 6, lines 42 & 44-45, page 41, father of a seven-year-old child with traumatic brain injury

"First of all, the prayers, like going to church... Yes—... —especially with prayers." - Participant 6, lines 42 & 44-45, page 41, father of a seven-year-old child with traumatic brain injury

A father (P4) of a one-year-old child with acute respiratory issues and pneumonia emphasized that God is powerful and that He is the one who can give you strength and hear your prayers. He said:

"Panalangin, kasi unang-una bilang tao hindi mo kaya 'yon eh, kahit sabihin mo nang ikaw na 'yong pinakamalakas na tao pinakamatapang na tao, kapag pinag-uusapan na yung kapamilya mo kung wala pa kayong mga anak, nanay mo tatay mo makikita mong nahihirapan manghihina't manghihina ka pero 'yong pwede mo lang pagkuhanan ng lakas 'yong nasa taas kasi siya lang 'yong pwedeng makadinig sayo." - Line 27, page 25

"Prayer, because first and foremost as a human being, even if you say that you are the strongest person, the bravest person, when talking about your family members, like if you do not have children yet, you will see your mother, your father struggling, you will feel weak, but the only one you can draw strength from is the one above because he is the only one who can listen to you." - Line 27, page 25

Furthermore, a mother (P5) of a five-year-old child with severe asthma exacerbation expresses her belief in God. She mentioned that He is her every day right now, that God is whom she can hold on to

and the one who is always there to help her at this difficult time. Thus, she stated:

"Honestly talaga, si Lord 'yong He is my everyday right now like I don't get to attend church now every Sunday pero I feel much closer to him, alam mo 'yon na in this season of ganyan, he speaks to me in every kind of prayer biglang nagpapadala siya ng friend na makakasama ko in the hospital while waiting for [child's name] ganon." - Lines 47-48, page 34

"Honestly, the Lord is really He is my everyday right now... like I do not get to attend church every Sunday, but now I feel much closer to him, you know that— that in this season of a— that in this season like that, he speaks to me in every kind of prayer suddenly he sends a friend who will be with me in the hospital while waiting for [child's name] like that." - Lines 47-48, page 34

Most parents recognize the importance of having a support system when dealing with the situation. Parents recognized the importance of providing support, expressing their problems to someone, and knowing they were concerned about themselves and their children. They presented the following statements:

"... tapos nag-ano po ako na may mga gusto— gusto ko po laging may kausap po na parang sinasabihan ako na dasal lang, huwag mawalan ng pag-asa, parang 'yong ganon po." - Participant 1, line 51, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"... then I was like, I always want someone to talk to, as if to tell me to pray, do not lose hope, it is like that." - Participant 1, line 51, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"Doon po nung halos— parang pag sa labas na po ako ng ospital, pag nasa— pag nasa ospital po ako parang ang gaan po ng loob ko kasi may mga kausap po ako, parang pinapanatag po nila 'yong loob ko." - Participant 1, line 53, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"It was almost like when I was out of the hospital; when I was in the hospital, I felt lighter because I had people to talk to; it was as if they calmed me down." - Participant 1, line 53, page 5, mother of a two-year-old child with heart disease, Acute Kidney Injury

"I have never felt this much support, we— in my life. And then you know parang nag su-support 'yong mga friends ko and my family also. So pati 'yong family nung ex ko they are actually trying to make amends to feel [child's name]." - Participant 5, line 49, page 34, mother of a five-year-old child with Severe Asthma Exacerbation

"I have never felt this much support, we— in my life. And then you know my friends and family also seem to support me. So, also my ex's family, they are actually trying to make amends to feel [child's name]." - Participant 5, line 49, page 34, mother of a five-year-old child with Severe Asthma Exacerbation

"Family, friends, 'yong support nila gano'n, nandoon pa rin." - Participant 6, line 42, page 41, father of a seven-year-old child with Traumatic Brain Injury

"Family, friends, their support like that, is still there." - Participant 6, line 42, page 41, father of a seven-year-old child with Traumatic Brain Injury

Indeed, a mother (P3) of a one-year-old child with pneumonia also stressed the importance of providing support, not just financially but emotionally. She stated:

"Una, siyempre 'yong support ng asawa mo, tapos 'yong support ng mga pamilyang nakapaligid sa 'yo, kahit na mabigat 'yong nararamdaman mo, 'yong pagbigay nila ng— kahit hindi pera, 'yong moral support na "okay yan, kaya ng ano— ng anak mo" 'yong mga ganon, prayers." - Participant 3, line 49, page 19, mother of a one-year-old child with Pneumonia

"First, of course, the support of my husband, then the support of the families around us, even if it feels heavy, the fact that they give you— even if it's not money, the moral support when they say "it's okay,

your child can survive it" like that, prayers." - Participant 3, line 49, page 19, mother of a one-year-old child with Pneumonia

3. Category/Central Meaning 3: Witnessing the Child's Suffering as a Parental Challenge

The third category or central meaning reported frustrations witnessing the child's suffering as a parental challenge when they could not communicate with their child and seeing their child's struggles throughout the treatment.

Parents expressed that it is challenging to communicate with their children, and they also have difficulty seeing their children regularly, making it challenging to remain updated about their children's circumstances. They responded:

"Very challenging 'yong not— not getting to communicate with [child's name] kasi si [child's name] he is on— syempre mommy's boy siya so lagi ko siyang kinakausap like— syempre the communication with him is always cut short and then I am not sure if I can comfort him just in time. I do not know how my kid is doing now 'di ba, 'yun lang." - Participant 5, line 18, page 31, mother of a five-year-old child with Severe Asthma Exacerbation

"Very challenging, not— not getting to communicate with [child's name] because [child's name] he is on— of course, mommy's boy I always talk to him like— of course, the communication with him is always cut short, and then I am not sure if I can comfort him just in time ... I do not know how my kid is doing now, right? That is all." - Participant 5, line 18, page 31, mother of a five-year-old child with Severe Asthma Exacerbation

"'Yon mahirap dahil ganun 'di mo siya nakikita palagi." - Participant 6, line 33, page 40, father of a seven-year-old child with Traumatic Brain Injury

"It is hard because you do not always see him like that." Participant 6, line 33, page 40, father of a seven-year-old child with Traumatic Brain Injury
Moreover, parents mentioned that they are having a hard time seeing the child struggling brought by the situation. They said that:

“Naiiyak na lang kami lalo na kapag pinapakita samin ‘yong baby po. Parang kawawa, naawa po.” - Participant 1, line 20, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

“We are moved to tears by the child's condition. It is so poor, I feel bad.” - Participant 1, line 20, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Sa sitwasyon po ng anak ko sir [nahihirapan]” - Participant 1, line 91, page 7, mother of a two-year-old child with heart disease, Acute Kidney Injury

“With the situation of my child sir [struggling].” - Participant 1, line 91, page 7, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Yung first two weeks niya, kasi ‘yon yung talagang critical stage na kailangang tubuhan siya kasi hirap siyang huminga. Hindi niya kayang huminga na— sarili niyang kakayanan kaya kailangan siyang i-tubo. Tapos ‘yong masakit doon kasi makikita mo ‘yong bata nilalagyan ng tubo makikita mo kapag pinapasok nila ‘yong sa bibig niya makikita mo yung bata na— nasasaktan.” - Participant 4, line 16, pages 23-24, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“His first two weeks, that was the critical stage where he had to be put with a tube because he had trouble breathing. He could not breathe anymore— on his own, so he had to be put in a tube. Then the painful part there is you can see the child being put with a tube you can see when they put the tube in his mouth you can see the child ah that— he is suffering.” - Participant 4, line 16, pages 23-24, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“Si [child's name] he says na, I am okay mommy, gaganun siya pero parang he's not the [child's name] that I raised sobrang pagod niya and he— he doesn't even wanna hold his iPad, alam mo yun.” - Participant 5, line 61, page 35, mother of a five-year-old child with Severe Asthma Exacerbation

“[Child's name] he says I am okay mommy, he will say that, but it is like he is not the [child's name] that I raised. He is so tired and he— he does not even want to hold his iPad, you know what I am saying?” - Participant 5, line 61, page 35, mother of a five-year-old child with Severe Asthma Exacerbation

“Syempre mahirap ‘yon nakikita mo siyang nahihirapan tapos ‘di mo siya nakakasama araw-araw, may limited hours lang na nakakasama mo siya.” - Participant 6, line 34, page 40, father of a seven-year-old child with Traumatic Brain Injury

“Of course, it is hard; you see her struggling, and then you cannot be with her every day; there are only limited hours you can be with her.” - Participant 6, line 34, page 40, father of a seven-year-old child with Traumatic Brain Injury

“Siguro yun nga yung mahirap— na nandon— so nakikita mo yung anak mo na nahihirapan.” - Participant 6, line 53, page 42, father of a seven-year-old child with Traumatic Brain Injury

“Maybe that is the, it is difficult—to be there— so you see your child struggling.” - Participant 6, line 53, page 42, father of a seven-year-old child with Traumatic Brain Injury

4. Category/Central Meaning 4: Being Financially Challenged Due to Hospitalization

The fourth category or central meaning that emerged from the study is being financially challenged due to hospitalization. This category presents financial challenges parents have faced, particularly concerning to the child's circumstances.

The hospitalization of their child presents parents with financial difficulties. Most parents emphasized that hospital bills, prescription costs, and other expenses strained the family's finances during their time in the PICU. The following statements support these findings:

“Keng pung kayi pamang-gastus pu ampong kayi tang pamanyaling panulu pu makanyan.” - Participant 2, line 22, page 11, father of a two-year-old child with Sepsis or Blood Infection

“When it comes to spending and the purchasing of such medications.” - Participant 2, line 22, page 11, father of a two-year-old child with Sepsis or Blood Infection

“At ‘yong mga gastusin na— na sobrang dami.” - Participant 4, line 11, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“And also, those expenses are just too much.” - Participant 4, line 11, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“Yong mga panggamot niya.” - Participant 3, line 29, page 18, mother of a one-year-old child with Pneumonia

“His medications.” - Participant 3, line 29, page 18, mother of a one-year-old child with Pneumonia

“Wala ka mang magawa financial kasi sunod-sunod ‘yong mga babayaran mo na dapat i-settle na bill after ng medication.” - Participant 4, line 32, page 26, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“You cannot do anything financially because of consecutive bills that you need to settle after the medication.” - Participant 4, line 32, page 26, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“Ayun financially gano’n, mahirap.” - Participant 6, line 26, page 40, father of a seven-year-old child with Traumatic Brain Injury

“Well, financially, it is difficult.” - Participant 6, line 26, page 40, father of a seven-year-old child with Traumatic Brain Injury

Despite the challenges on the financial capability of the participants, one participant, expressly participant 5, reported that she had various options to take and highlighted that her family was "hands-on" in providing support, alleviating some of the burdens. Also, she mentioned that she does not feel anything right now, but she is aware that it is

challenging for her financially. Her statement supports this:

“So medyo ‘di ko alam kung mag lo-loan ba ‘ko or mag-ask ng tulong, but my family naman they’re very hands-on with helping me and [child's name].” - Participant 5, line 44, pages 33-34, mother of a five-year-old child with Severe Asthma Exacerbation

“So, I do not know if I should take out a loan or ask for help, but my family is very hands-on with helping me and [child's name].” - Participant 5, line 44, pages 33-34, mother of a five-year-old child with Severe Asthma Exacerbation

“Malaking butas ‘to sa balsa, siguro after. ‘Di ko pa nararamdaman kasi ngayon.”

- Participant 5, line 43, page 33, mother of a five-year-old child with Severe Asthma Exacerbation

“It is a big hole in the pocket, maybe after. I do not feel it right now.” - Participant 5, line 43, page 33, mother of a five-year-old child with Severe Asthma Exacerbation

Additionally, another mother (P3) of a one-year-old child diagnosed with pneumonia stated that their business—which was their primary source of income and would have covered their daily expenses—was put on hold due to her child's hospitalization. She responded:

“Challenging kasi in a way na ‘di ba na stop ‘yong business namin— kung saan ‘yong everyday gastusin para sa amin at sa baby ko, paano napagkakasya ‘yon tapos ‘yong mga ganong bagay.” - Line 67, page 21

“Challenging in a way that our business has stopped— where, what do you call this one— everyday expenses for us and my baby, how does that fit in and then— those things.” - Line 67, page 21

5. Category/Central Meaning 5: Experiencing Difficulties Fulfilling Familial Obligations

The fifth category or central meaning is parents experiencing difficulties fulfilling familial obligations because of the child's hospitalization.

Thus, parents asserted they could not work and lacked time to be with other children.

Due to the circumstances, parents could not work; one parent relied on the child's grandparents for the hospital's direct financial support, while the others' daily income was temporarily suspended since no one could handle it. They could not leave the child in the hospital. Thus, the parents responded:

"Eku pu mag-obra kanyan, deng pengari ku pu ilang kayi kanyan." - Participant 2, line 17, page 11, father of a two-year-old child with Sepsis or Blood Infection

"I do not work right now; my parents provide for our needs." - Participant 2, line 17, page 11, father of a two-year-old child with Sepsis or Blood Infection

"Oo, natigil kasi dalawa lang kami 'nong ano nung asawa ko 'yong nagmamanage do'n." - Participant 3, line 38, page 18, mother of a one-year-old child with Pneumonia

"Yes, it stopped because it was just my husband and me who was managing it." - Participant 3, line 38, page 18, mother of a one-year-old child with Pneumonia

"Noong na admit 'yong anak ko, nakapag stop akong magtrabaho kasi walang ibang magmamanage no'n kung 'di ako lang, kaya hindi rin ako makaalis doon. Sa financial needs naman namin, meron naman ipon, 'yon yung pinang gagastos namin, at sa tulong na din ng ibang pamilya." - Participant 4, line 14, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

"When my child got admitted, I stopped working because there was no one else to manage it but me, so I cannot leave it either. As for our financial needs, we have savings, that is where we get our money for expenses, and other families also help." - Participant 4, line 14, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

Moreover, parents made it clear to their children that they did not have enough time for them since they were concentrating more on the critically ill child and giving it more attention. They said:

"Ay ala na ku pung oras kaya eh." - Participant 2, line 41, page 12, father of a two-year-old child with Sepsis or Blood Infection

"I do not have time for my other child." - Participant 2, line 41, page 12, father of a two-year-old child with Sepsis or Blood Infection

"Ngayon hindi— hindi ko masyadong na napapansin gano'n, kasi 'yon nga medyo nakafocus kami ngayon kay [child's name]."

- Participant 6, line 23, page 40, father of a seven-year-old child with Traumatic Brain Injury

"I do not notice it at the moment because we are more focused on [child's name]." - Participant 6, line 23, page 40, father of a seven-year-old child with Traumatic Brain Injury

6. Category/Central Meaning 6: Having Difficulties with Medical Professional Updates

The sixth category or central meaning emphasizes the frustration that parents experience when they receive upsetting updates regarding their child's condition or when they do not receive any updates at all, which leads to having difficulties with professional medical updates.

Parents discussed their difficulty while their child with professional medical updates frustrating it is to get upsetting updates about their child's condition because it implies their child is not doing well. Due to this, they started:

"Sobrang hirap po kasi 'di mo po or minsan po kasi ina-update sa'min critical si baby."

- Participant 1, line 19, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

"It is hard because you do not even, or sometimes they update us that the baby is critical." - Participant 1, line 19, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Ano po pag sinabi ng doctor na ‘yong baby ko po nahirapang huminga.” - Participant 1, line 36, page 3, mother of a two-year-old child with heart disease, Acute Kidney Injury

“When the doctor said that my baby is having trouble breathing. It is like— since it seems like my baby has already been revived, Sir.”
- Participant 1, line 36, page 3, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Akala ko parang delikado kasi sa naexperience ko sa baby ko. Parang halos lahat na update na parang halos negative parang hindi nag-iimprove ‘yong baby ko.” - Participant 1, lines 77 and 81, pages 6-7, mother of a two-year-old child with heart disease, Acute Kidney Injury

“I thought it was dangerous because of my experience with my baby; almost all the updates seem negative—almost negative like my baby is not improving.” - Participant 1, lines 77 and 81, pages 6-7, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Hamon sa mga resulta syempre, no’ng dinala namin ‘yong bata, kada naririnig namin na ganito ‘yong update ng doctor. Syempre bilang ama nakakapanghina ng loob.” - Participant 4, line 11, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

“Challenges with the results of course, when we brought the child every time, we heard that the doctor's update was like this. Of course, as a father it was discouraging.” - Participant 4, line 11, page 23, father of a one-year-old child with Acute Respiratory Issues and Pneumonia

Also, a mother (P5) of a five-year old child with severe asthma exacerbation reported that she is having problems getting updates, which worries her since she is not given the full context of the situation.

“Oo, hindi talaga. Ang hirap nilang mag update. Ang hirap.” - Line 26, page 32

“Yes, not really. It is hard for them to update. It is difficult.” - Line 26, page 32

7. Category/Central Meaning 7: Being Inside the PICU is Distressing

This is the last category or central meaning that talks about their stay in the hospital. This concentrates on their prevailing view of the PICU setting and encompasses their personal views of their child’s experiences throughout their hospitalization in the PICU.

Along with their accounts of their experiences, while caring for their critically ill child admitted to the PICU, distressing responses were reported by the participants. They reported that their child’s hospitalization placed them in a difficult situation while providing care for their child inside the PICU, as shown in the following excerpts.

“Sobrang hirap po kasi di— di mo po or minsan po kase ina-update samin critical si baby, naiiyak na lang kami lalo na kapag pinapakita samin yung baby po. Parang kawawa, naawa po.” - Participant 1, line 19-20, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

“It’s so hard because you do— don’t even or sometimes they update us that the baby is critical, we just cry especially when they show us our baby. It’s so poor, I feel bad.” - Participant 1, line 19-20, page 2, mother of a two-year-old child with heart disease, Acute Kidney Injury

“Masakit pung atsu keng kilub [na ning PICU]”
- Participant 2, line 2, page 10, father of a two-year-old child with Sepsis or Blood Infection

“It is difficult to be inside [the PICU].” - Participant 2, line 2, page 10, father of a two-year-old child with Sepsis or Blood Infection

“Sa stay ko sa PICU ‘yon mahirap, marami ka rin mga batang nakikita na ‘yon nga may mga iba’t-ibang sakit ganon.” - Participant 6, line 14, page 39, father of a seven-year-old child with Traumatic Brain Injury

“In my stay in the PICU it was difficult, you can see many children who suffer from various diseases like

that." - Participant 6, line 14, page 39, father of a seven-year-old child with Traumatic Brain Injury

Additionally, a mother (P3) of a one-year-old child diagnosed with pneumonia used the term "challenging" to summarize their whole PICU stay. Due to her child's hospitalization, their business—which was their primary source of income and would have covered their daily expenses—was put on hold. She responded:

"Challenging kasi in a way na 'di ba nastop 'yong business namen— kung saan anong tawag dito— everyday gastusin para sa amin at sa baby ko paano napagkakasya 'yon tapos 'yong mga ganong bagay." - Line 67, page 21

"Challenging in a way that our business has stopped— where, what do you call this one— everyday expenses for us and for my baby, how does that fit in and then— those things." - Line 67, page 21

On the other hand, a father (P4) of a one-year-old child with acute respiratory issues and pneumonia also labeled their stay in the PICU as "complex", their situation inside the hospital comes with a series of ups and downs. He mentioned that:

"Masyado siyang complex. Kasi merong— times na, ano siya up and down. Up and down when it comes sa mga nangyayari— situation sa ospital. Mahirap." - Lines 6-7, page 22

"It is too complex. Because there are— times it is like up and down. Up and down when it comes to what is happening— the situation in the hospital. It is hard." - Lines 6-7, page 22

Furthermore, a mother (P5) of a five-year-old child with severe asthma exacerbation used the term "nerve-wracking" to describe their unusual stay in the PICU. Given that they had been having a regular day before her child's hospitalization, she began to worry about whether they would withstand the circumstance. She remarked:

"... I am a young mom and a single mom, so it's nerve-wracking. I think that is the most that is the best term for it, and yeah nerve-wracking cause I do

not know if my son will make it out alive, you know, or— especially when it was just a normal day tapos he was biglang admitted so I did not expect this— this was very unusual for me." - Line 13, page 30

"... I am a young mom and a single mom, so it is nerve-wracking I think that is the most that is the best term for it, and yeah, nerve-wracking cause I do not know if my son will make it out alive, you know, or— especially when it was just a normal day then he was suddenly admitted, so I did not expect this— this was very unusual for me." - Line 13, page 30

Discussion

This research study sheds light on the lived experiences of Filipino parents caring for their children in the PICU. From this study, seven categories/central meanings were identified: 1) experiencing negative well-being repercussions, 2) coping through faith in God and social support, 3) witnessing the child's suffering as a parental challenge, 4) being financially challenged due to hospitalization, 5) experiencing difficulties fulfilling familial obligations, 6) having difficulties with professional medical updates, and 7) being inside the PICU is distressing.

Experiencing negative well-being repercussions was apparent to parents as they witnessed their child in a critical situation. They reported having sleep difficulties, physical exhaustion, and difficulty eating. Also, parents experience emotional consequences brought to them by their child's situation, which lead them to have difficulty accepting their child's condition, feeling helpless, pain, uncertainty, and regrets toward their child. Consequently, parents appear to experience stress that inflicts self-doubt about their competence as a parent, and intrusive thoughts are also present.

Despite the situation, parents also revealed that coping through faith in God and social support aided them in managing the situation throughout their stay in the PICU. According to the participants' responses, all parents, during their encounter when their children were admitted to the PICU, acknowledged, the importance of conversing with God, which helped them get through difficult situations. Parents also mentioned receiving support

from family, friends, and relatives. Amid difficulties, having a support system gave them the idea that someone was on their side.

Consequently, parents reported frustrations witnessing a child's suffering as a parental challenge when they could not communicate with their child and seeing their child's struggles throughout the treatment. Given the situation, the hospital restrictions and the child situation mainly caused this occurrence. Additionally, being financially challenged due to the hospitalization, particularly the medical bills and the cost of their child's medication, was one of the challenges that dominantly arose during their stay inside the PICU.

Concerning experiencing difficulties fulfilling familial obligations, parents reported an inability to work and lacking time for their other children during their situation in the PICU. Correspondingly, having difficulties with professional medical updates arose as a challenge. The hospital's medical practitioners' unfavorable reports and not receiving updates posed difficulty to parents. Lastly, being inside the PICU is distressing since it was because of their "difficult," "challenging," "complex," and "nerve-wracking" experiences.

Several kinds of literature supported the research's findings. Experiencing negative well-being repercussions of the parents was in line with the study of Stremmer et al. (2017) regarding difficulty in sleeping, a study by Berube et al. (2014), which was also backed up by Curtis et al. (2016) reported how it was physically exhausting, and Stremmer et al. (2017) and Curtis et al. (2016) pertaining difficulty in eating. Also, parents are in denial when they struggle to accept the situation, which is evident in the study by Annuar et al. (2021). It is also described that they are in pain due to their child's condition, and this is comparable to previous studies by Suleman et al. (2019). Similarly, a report about parents feeling helpless appeared in the study initiated by Dahav and Sjöström-Strand (2017). Additionally, parents were grappling with uncertainty, not knowing if their child would survive, which also appeared in the study of Alzawad et al. (2019). In the study by Aitugolova (2020), they also reported feeling stressed by the circumstances. As a further response, the

participants shared intrusive thoughts, which also happened in the study by Wiseman et al. (2018).

Moreover, coping through Faith in God and social support, all parents reported that prayer gave them strength which also acknowledged the importance of conversing with God, as shown in the study of Majdalani et al. (2014). Furthermore, most parents understood the value of having a support system which is consistent with the research of Berube et al. (2014). Consequently, in terms of being financially challenged due to the hospitalization, it was demonstrated in the study of Foster et al. (2019) as financial issues were one of the factors that influenced parents' biopsychosocial experiences and need following a child's severe injury.

Following that, experiencing difficulties fulfilling familial obligations due to their concern for their child's situation, parents could not fulfill their familial obligations and were thus prevented from working, as was also discovered in the research by Terp and Sjöström-Strand (2017). Also, parents have insufficient time for their other children, similar to the study by Alzawad, Lewis, and Walker (2022). Additionally, having difficulties with professional medical updates, the adverse reports are similar to those in the research done by Annuar et al. (2021), and difficulty having medical updates was shown in the study of Oxley (2015). Last but not least, being inside the PICU is distressing, as was noted in research by Oxley (2015), Franck et al. (2015), and Dahav and Sjöström-Strand (2017, 2018).

This research study presented a unique finding, thus, showing distinctions from the previous studies. Witnessing the child suffering as a parental challenge was the study's unique finding. It became a unique finding due to the reason that other kinds of literature mentioned problems related to finances in a study by Foster et al. (2019), about medical updates from Annuar et al. (2021) and Oxley (2015), and in the study of Alzawad, Lewis, and Walker (2022), being pulled back and forth between the PICU and house, and "balancing" parents' lives with the other children, family, and work reported as the parental challenge which created two worlds in which parents were forced to live.

In contrast to other works of literature, these focusses more on the difficulties that the hospitalized child experienced. Other works have addressed the challenges related to the needs of the child's hospitalization. Filipino parents appeared to be only apprehensive and entirely focused on their child's chances of recovery. However, in the other studies, parents tried to find strategies to compensate for the gaps between PICU and home, address the needs for the child's hospitalization, and attempt to restore their lives.

This finding was supported by Garcia and de Guzman (2017), stating that from the Filipinos' viewpoint, Filipinos are described as family-centered, and Filipino families are closely-knit; due to this, it was evident that their emphasis on care and affection was shown. In addition, as there was no family conflict regarding whether or not to admit the child to the hospital, the Filipino people came together in solidarity when the child's life was precarious. In light of this, it was unmistakable that the child's recovery is their primary priority. Furthermore, it is also related to how parents of critically ill children care for their families financially and emotionally.

Conclusion

This study examined Filipino parents' experiences caring for their children hospitalized in the PICU. It showed that the fathers and mothers who cared for their children reported several negative impacts and challenges. Without any second thought, all of these were set aside as they focused on making their child discharged safely from the PICU. Nevertheless, in this challenging situation, most parents found comfort through their support system, and all relied heavily on His benevolence, in which they asked for guidance, support, and strength to overcome the circumstances they were experiencing.

It was indeed described as distressing when looking into their experiences of being Filipino parents caring for their children inside the PICU. The idea alone of nursing a child without any sickness suffering was already a test, what more for a parent caring for their child with a severe illness. Ultimately, in their case, when it comes to their child who was hospitalized and admitted inside the PICU, the parents prioritized their child's well-

being above others. Therefore, this research study has proven that parents' affection towards their children is incomparable.

More importantly, this research would help everyone become more aware of a parent's experiences when dealing with an unexpected situation. This way, they would understand how they transitioned from being a parent of a healthy child to being a parent of a severely ill or injured child. Furthermore, those around them would be able to understand what they are going through and would be able to assist them in dealing with the situation effectively. Family members would raise their support and lend a helping hand, not only with the severely ill or injured child but also with the caring parents. Peers and friends would also raise their concerns and send heartfelt messages to the affected child with their parents to alleviate a feeling of positivity and hope that everything will soon become well.

In addition, the hospital environment would become the parents' temporary place wherein they spend most of the time caring for their hospitalized child. The facility's physical appearance and atmosphere will affect how the parents behave inside the hospital. Therefore, aside from raising awareness, this study is a stepping stone for inspiring stakeholders to respond to similar situations by establishing interventions or spearheading programs that would benefit the study's primary subject, the parents. That being the case, this study helps expand the body of knowledge concerning the values of the Filipino family.

Further to that, the study's main limitation is that because it concentrates primarily on the hospital in Pampanga and does not take into account the experience in a holistic manner, the sample may not accurately represent the country's larger population of Filipino parents who can provide the whole picture of what they have gone through. Given that most of the study's findings were negative repercussions of parents throughout their stay in the PICU, it would be helpful for future studies to delve deeper into the posttraumatic growth of the parents to see the whole picture of dealing with a child's hospitalization. Through this, the substantial psychological changes or potential positive impact of the predicament parents may experience during

the distressing circumstances can be considered. Also, future studies may use this study as a foundation for exploring potential interventions and approaches that will assist parents experiencing stressful times and adequately meet the needs that will support them in their journey during their stay in the PICU.

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