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Discovering Perspectives on Health and Well-Being from Parents and Teachers of Preschool-Aged Children

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Discovering Perspectives on Health and Well-Being from Parents and Teachers of Preschool- Aged Children

Abstract

Background: This study explores the concept of health and well-being as perceived by teachers and parents of preschool-aged children in the specific context of a child day care facility. The study also identifies the barriers parents and teachers encounter and the supports they require in promoting the health and well-being of preschool-aged children.

Method: A qualitative phenomenological research design combined with a projective technique of Photovoice was used for data collection. A total of eight participants, four teachers and four parents of preschool-aged children from a child day care facility, participated in the study.

Results: Several themes were identified related to barriers that parents and teachers face and the supports they require in promoting the health and well-being of preschool-aged children.

Conclusions: This study discusses a potential role for occupational therapy practitioners in collaborating with administrators and teachers and parents of preschool-aged children to develop a program to promote the health and well-being of preschool-aged children.

Comments

The authors report no potential conflicts of interest.

Keywords

health, well-being, preschool, child day care

Cover Page Footnote

This study was a collaborative project with the Family Development Center. We would like to thank Carol Morrison, executive director of the Family Development Center, as well as Claudia Elizalde, health director of the Family Development Center, for their contributions to the study. We would also like to thank the participants of this study for sharing their experiences.

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With the passage of the Patient Protection and Affordable Care Act, the focus of health care in the United States has shifted toward population health and ensuring that all individuals maintain their health by actively participating in health promotion activities (Hildenbrand & Lamb, 2013; Sultz & Young 2014). The American Occupational Therapy Association (AOTA) has also emphasized population health, an approach that concentrates on communities of people and the factors that impact their health and well-being (AOTA, 2013). Several factors, such as social and physical environment, human biology, and personal health practices, can influence the overall health and well-being of a population (Public Health Agency of Canada, 2012).

Health and Well-Being

According to the World Health Organization (WHO), health and well-being are multidimensional concepts that incorporate physical, social, and mental factors. The WHO states, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (http://who.int/about/mission/en/). Health and well-being are dynamic in nature and function differently in each person to enable them to meet the demands of life in accordance with age, culture, and personal responsibility (Bircher, 2005). According to the WHO (2014), mental health is defined as a state of well-being in which an individual realizes his or her capability, understands how to assimilate into daily activities and cope with stress, and functions as a productive member of society. A person in good physical health is defined as someone who gets regular physical exercise, has good nutrition, and receives adequate rest (Nordqvist, 2014). Social health is defined as a person's ability to fulfill his or her potential and obligations; to manage his or her life with some degree of independence; and to participate in social activities, including play and work (Huber et al., 2011).

Health and Well-Being of Preschool-Aged Children

For this study, we adopted a population health approach to specifically investigate how the social environment, mainly comprised of parents and teachers, influences the health and well-being of preschool-aged children. Preschool is a crucial time for children to become educated about health and well-being, as this is a developmentally important stage and knowledge acquired during this time will most likely shape their entire lifespan.

Research on how health and well-being are perceived by parents and teachers of preschool-aged children is limited. Available literature shows that teachers and parents are more likely to view health as a state of physical well-being (Almqvist, Hellnäs, Stefansson, & Granlund, 2006; Chan & Kitzmann, 2010; Martin-Biggers et al., 2015). Teachers and parents understand health and well-being as receiving proper nutrition, getting adequate sleep, and participating in play. Parents connect the physical health of their child with the child's ability to participate in play time, and they emphasize play as an important aspect of physical health and social development (Chan & Kitzmann, 2010; Martin-Biggers et al., 2015).

Preschool-aged children, however, view health from both the physical and social state of well-being with a focus on how their health allows them to play and interact with their peers (Almqvist et al., 2006; Chan & Kitzmann, 2010; Martin-Biggers et al., 2015). For instance, when interviewed, the children responded that being ill meant that they did not feel well, but more importantly it meant that they could not participate in activities with their peers (Almqvist et al., 2006). This supports previous literature that has shown that children who are 3 to 5 years of age have definite ideas of what health means to them (Almqvist et al., 2006).

Parents and teachers are an integral part of the preschool community and can play an important role in the lives of children to help them develop concepts related to health and well-being. For

preschool-aged children, understanding the concept of health and well-being can be challenging. Therefore, this task falls on their parents and/or their teachers, whose involvement in the social and physical health and well-being of children is crucial. As stated by Martin-Biggers et al. (2015), parent modeling of behaviors is important for teaching young children positive values and habits.

Even though health and well-being are important concepts for parents to demonstrate, there can be many barriers that prevent them from being able to teach their children healthy behaviors. Research from Martin-Biggers et al. (2015) shows that some common barriers reported by parents were the lack of time and energy, the safety of their neighborhoods, the cost and convenience of attending programs, and the lack of knowledge of healthy behaviors. Given these findings, Martin-Biggers et al. concluded that health programs implemented in childcare centers should be tailored to meet the needs of parents in a particular neighborhood, as barriers appear to vary based on a variety of factors. Having supports and/or resources will help alleviate some of the barriers mentioned; however, supports also appear to vary based on socioeconomic status, family size, parental education, and motivation to change (Golan, 2006).

Purpose of the Study

The purpose of our study was to fill an important gap in the literature. Our specific aims were: (a) to identify how health and well-being are perceived by teachers and parents of preschool-aged children in the specific context of a child day care facility located at a University campus in Illinois; (b) to discover the strategies parents and teachers use to promote health and well-being for preschool-aged children in the home, school, and community environments; (c) to identify the barriers parents and teachers encounter when promoting health and well-being for preschool-aged children; and (d) to identify any supports that could assist parents and teachers in promoting the health and well-being of preschool-aged children.

Method

Research Design

This study was guided by a qualitative phenomenological research design and used the projective technique of Photovoice. Combining a phenomenological method of inquiry with the Photovoice method has been recently highlighted in the literature as a powerful method to enrich the understanding of the phenomenon under study (Plunkett, Leipert, & Ray, 2012; Watts, Lovato, Barr, Hanning, & Masse, 2015). A phenomenological research design is defined as a method to understand and explore the lived experiences of individuals and the emotional and behavioral meanings that these experiences have for the individuals (Guest, Namey, & Mitchell, 2013). The current study focused on identifying and understanding environmental supports and barriers that shape the health and well-being of preschool-aged children.

The Photovoice process was developed by Wang (1999). Photovoice combines photographs and descriptions to give people an opportunity to record and reflect on their daily lives (Lal, Jarus, & Suto, 2012; Wang, 1999). According to Cahill and Suarez-Balcazar (2012), the Photovoice process entails participants taking pictures that portray some part of their daily lives and expressing their thoughts about the depicted situation and about ways to improve it by answering a standard set of questions. Using the Photovoice technique, the researchers asked the participants prior to the interview to take photographs that depict the phenomenon under study and bring the photographs to the interview. During the interview process, the participants discussed the content and the imagery of the photographs using the SHOWeD prompts, which include the following questions (Wang, 1999):

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What do you **S**ee here?

What is really **H**appening here?

How does this relate to **O**ur lives?

Why does this situation/concern/strength **e**xist?

What can we **D**o about it?

Two sets of data were collected using this technique: the photographs that the participants provided and the verbal description of the photographs with the responses to the interview questions (Guest et al., 2013). Plunkett, Leipert, and Ray (2012) have discussed that combining Photovoice with the phenomenological method can enhance the understanding of the lived experience because photographs can provide a deeper perspective of the phenomenon under study.

Participants

Four preschool teachers and four parents of preschool-aged children participated in the study. This convenience sample was recruited from a preschool that is a part of a day care facility on a university campus in Illinois. See Table 1 for demographic information related to the parents and Table 2 for demographic information related to the teachers.

Table 1

Demographic Information of Parent (N = 4)

Relationship of the parent participant to the child	Mother-3 Father- 1
Education degree	Bachelor's- 1 Master's- 3
Marital Status	Single -1 Married- 2 Divorced- 1

Table 2

Demographic Information of Teachers (N = 4)

Highest Education degree	Bachelor's- 2 Master's- 1
Years of teaching preschool at FDC (range)	4 to 6 years

Procedures

The research team consisted of six master's of occupational therapy (MOT) students and two faculty research advisors. We developed a Photovoice manual for the participants that included information about the purpose of the study, a description of Photovoice, the steps involved in completing the study, and the ethics related to the study and photography. After obtaining approval from the university's institutional review board, we gained approval from the executive director of the day care facility to conduct the study. We conducted recruitment sessions at the day care facility to recruit teachers and parents.

The teachers and parents who agreed to participate in the study were asked to sign a consent form. In addition, all of the parents were asked to fill out a demographic form documenting their gender, marital status, number of children in the household, educational degree, and occupation. All of the teachers were asked to fill out a demographic form documenting their educational degree and marital

status. The teachers and parents were provided a copy of the manual and educated about the Photovoice process. Each participant was instructed to take pictures using a device capable of taking photographs, such as a smartphone. The participants were given 10 days to take the photographs and asked to email the photographs to one of the faculty research advisors.

When the researchers received the pictures from the participants, they developed copies of the photographs and scheduled interviews with the participants. The six student researchers then conducted individual interviews with each parent and teacher. The student researchers were trained to conduct the interviews by the first and second author of the study. During the interview, the researcher prompted the parents and teachers with questions asking them to sort the photographs under the following themes: Photographs that represent the definition of health and well-being for preschool-aged children, photographs that represent strategies used to promote the health and well-being of preschool-aged children, photographs that represent barriers in their environment to promote the health and well-being of preschool-aged children, and photographs that represent future supports and resources that they require to promote the health and well-being of preschool-aged children. After the photographs were sorted, the parents and teachers were asked to select two photographs for each theme, and the researchers used the SHOWeD prompts to conduct the interviews. The researchers also asked further questions (see Table 3).

Table 3

Interview Questions

Question 1	What is your definition of health and well-being for a preschool-aged child?
Question 2	What strategies do you use to promote the health and well-being of preschool-aged children?
Question 3	What barriers exist in your context in promoting the health and well-being of preschool-aged children?
Question 4	What future supports and/or resources do you require to promote the health and well-being of preschool-aged children?
Question 5	Would you like to add any further information?

At the end of the interview, each participant was provided compensation for his or her time and effort. The teachers and parents who completed the study received a $15 gift card, which was agreed to prior to participating in the study.

Data Analysis

The interviews were audio recorded. The recordings were transcribed to generate transcripts by a professional transcriptionist. Data was analyzed using the qualitative analytical process as described by Miles and Huberman (1994). The process involved three phases: the data reduction phase, the coding or indexing phase, and the conclusion drawing and verification phase. The data reduction phase required the researchers to go through the transcripts and highlight chunks of data that appeared to provide insights about one of the research questions. Each transcript was coded in its entirety, and as each transcript was analyzed, previous coding was reviewed and revised. In the data display phase, the researchers assigned code words to highlight data fragments and then organized the data into specific categories based on these emerging themes. During the conclusion drawing and verification phase, the researchers developed several overarching themes.

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Methods of Validation

Several steps were taken to increase the rigor of the research study. Data analysis was completed by six out of the eight authors independently and the interpretation of the data was checked by the remaining two co-authors. During the process of data analysis, an audit trail and a detailed coding document were maintained. Visual data (gathered through photographs) was triangulated with verbal data (gathered through interviews) as an independent source of information.

Results

Four themes were derived from both parent and teacher interviews following extensive data analysis. The themes are discussed below. The themes include photographs that were gathered from the participants.

Theme 1: Meaning of Health and Well-Being for Preschool-Aged Children

The parents and the teachers associated healthy eating, physical activity, and restful sleep with the meaning of health and well-being. Healthy eating means eating nutritious food that includes fresh fruits and vegetables, protein, and healthy snacks. As one of the parents described: "The picture has some salmon and some broccoli making sure kids have well-rounded meals. I feel like that's really good for children who are growing up."

All of the parents and teachers mentioned engagement in physical play, such as playing on the playground and exercising, as being associated with a preschool-aged child being healthy. A parent mentioned: "I included a picture of a playground to talk about being active. Kids can run around, play, get the exercise that they need in order to be healthy."

The parents specifically discussed the impact of restful sleep on a child's overall health. The parents emphasized that healthy eating and physical exercise contribute to restful sleep among preschool-aged children.

Figure 1. Physical activity and playgrounds.

Theme 2: Strategies to Promote Healthy Eating Among Preschool-Aged Children

The parents and teachers discussed several strategies used to promote healthy eating among preschool-aged children. The first strategy included parents having conversations with children about healthy food choices and lifestyle. The parents discussed searching the Internet to educate themselves on child nutrition as well as relying on a day care facility for education on topics related to child nutrition. The parents also discussed strategies that they use to access fresh fruits and vegetables. One parent gave the example of growing fresh vegetables in the garden and using them for cooking. A parent stated, "When it comes to preschool-aged children, we promote healthy lifestyles for them by teaching them about healthy foods and what healthy foods are."

Figure 2. Teaching the importance of healthy foods and how to identify them.

Strategies discussed by teachers involved designing educational experiences for both the children and the parents on topics related to nutrition as an important step toward making healthy choices. Examples included programs that parents can attend, such as lectures from nutritionists and fun activities for children that incorporate learning. A teacher stated:

> And more teaching opportunities to inform them [children] and the parents. I know before I had a child what I thought was healthy is a lot different than what actually is . . . but I think parents may not have enough knowledge in that field. So maybe if we could have, like, a parent night out or something from an expert to inform the parents on really, truly what is healthy and what is not. And what things aren't, for the things that aren't, why aren't they healthy.

Theme 3: Strategies to Promote Physical Activity Among Preschool-Aged Children

Both teachers and parents focused on encouraging preschool-aged children to play. The activity of play was considered to promote the physical and social-emotional development of the child. Thus,

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the parents and teachers encouraged children to play on the playground. The children also emphasized that playing with friends and others made them feel good.

All of the teachers stated that they believe physical play contributes to energy expenditure; increased sleep; and increased physical, mental, and social health among students. Teachers expressed a connection between physical play and the development of social health through peer interactions among children. As stated by a teacher:

> So there's always opportunity for physical play. And through physical play, you also gain relationships through friends and, you know, obviously that's another aspect of health. You know the social aspect is also important, too. So the playground not only incorporates physical health but connections with peers, which is also important.

Teachers also connected physical play as a path to the development of the mental health of preschool-aged children and a means to promote good quality of sleep and rest. As stated by a teacher:

> Well, being active obviously is a very important part of the overall health and well-being. And if you're active during the day, then you're more apt to sleep at night, especially if you're children [*sic*]. And sleep is really important.

Theme 4: Barriers to Promoting Health and Well-Being and What Can Be Done

Although the parents and teachers use several strategies to promote the health and well-being of preschool-aged children, they discussed several barriers that they face in achieving this goal. The teachers emphasized that they had limited time and money to conduct parent education programs on raising awareness of healthy eating habits. A teacher stated: "If there was more time and more money, we could do more parent education."

In addition, the teachers expressed that time allocation for themselves and parents often makes it difficult to consistently prioritize health and well-being education and habits. As stated by a teacher: "Sometimes, they're rushed and days are hurried and it's just not a focus."

The parents noted barriers that included fixed-income constraints, lack of time to cook food at home, and lack of time spent with family. The parents also emphasized that excessive use of electronics and gaming systems contributes to a sedentary lifestyle and are a barrier to engaging in physical activity.

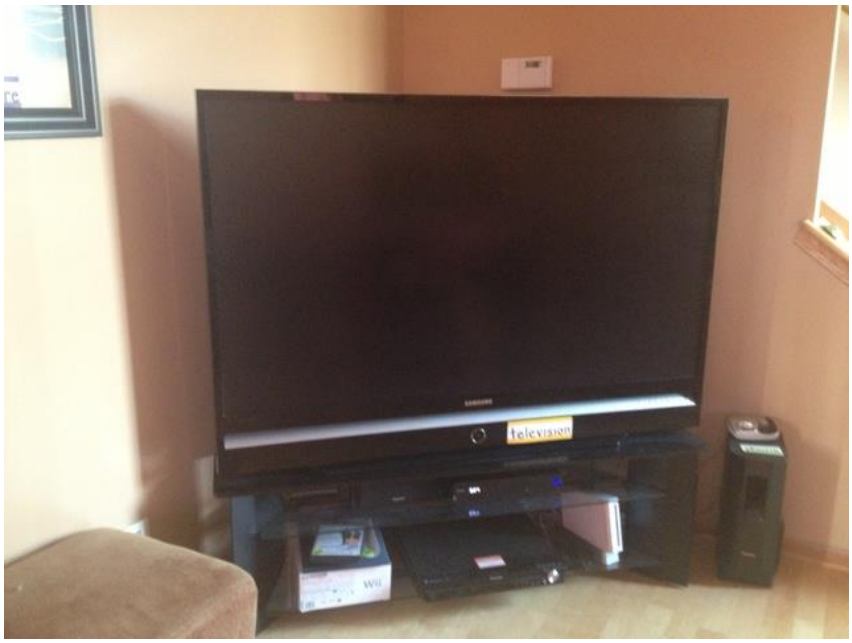

Figure 3. Excessive time spent watching the television.

The parents and teachers discussed a need for developing a program to specifically provide educational and informational support and resources on the health and well-being of preschool-aged children to both parents and teachers. Figure 4 summarizes the findings from the study.

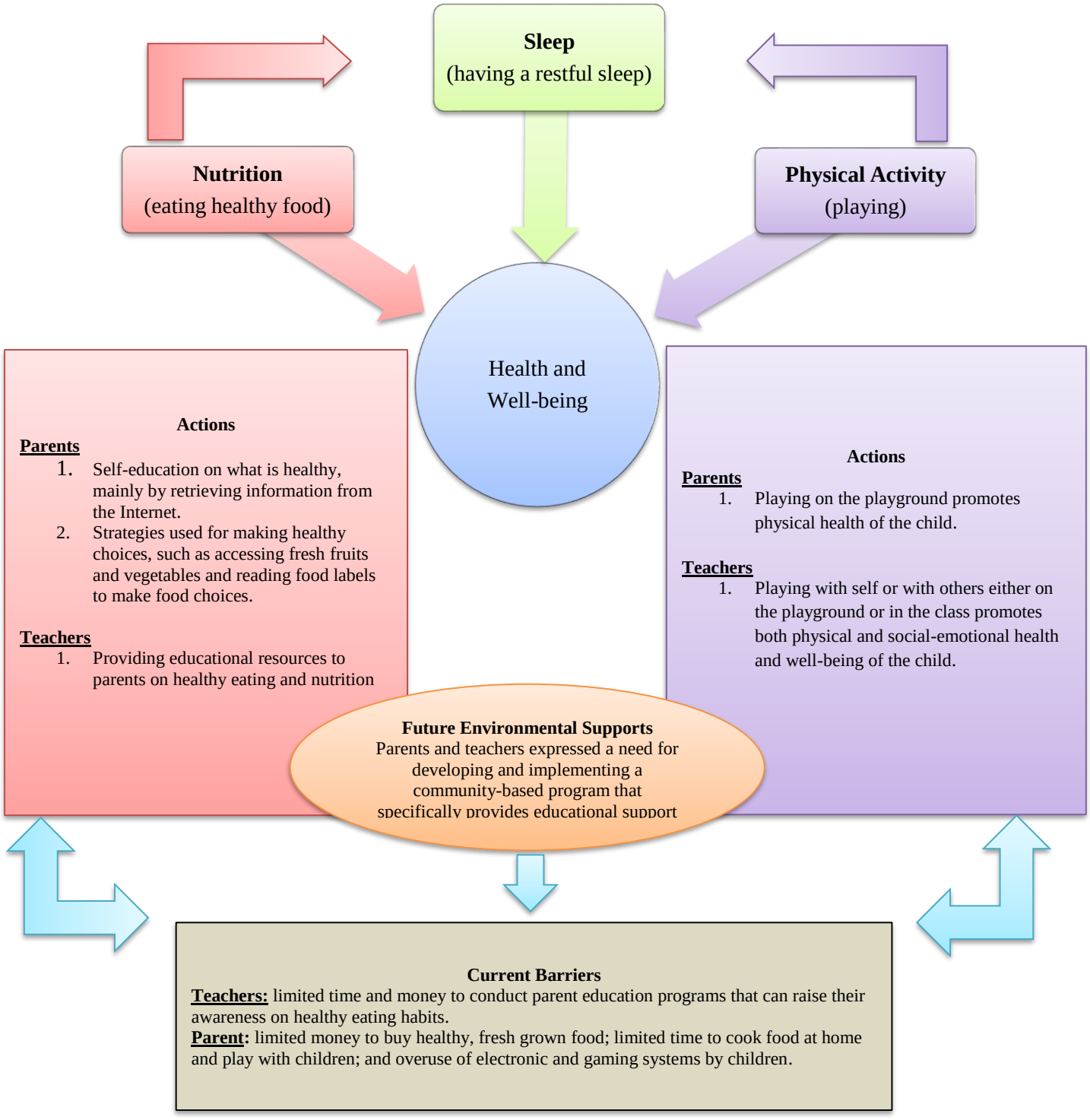

Figure 4. Overall findings from the study.

Discussion

The current research study adopted a population health approach to specifically investigate how health and well-being is perceived by a community of parents and teachers of preschool-aged children that were a part of a day care facility. The results of this research study are reflective of the perceptions of health and well-being found in the literature. This current research study revealed that the participants perceive a state of health and well-being as involvement in play and eating nutritious food in accordance with findings from the study by Almqvist et al. (2006). Previous literature showed that teachers, along with the parents of preschool-aged children, perceived health, such as nutrition, sleep, and exercise, as a physical state of well-being, which is consistent with limited distinction of the importance of social and mental well-being (Chan & Kitzmann, 2010; Martin-Biggers et al., 2015).

Parents and teachers noted several barriers that coincide with the findings from the literature. The current research participants revealed that time, money, and access to resources were among the greatest barriers to maintaining health and well-being, which is reflective of the research by Martin-Biggers et al. (2015). Specifically, in the current research, the teachers expressed that limited time and money are major barriers to providing education and resources to parents. Further, the parents expressed that time and money were barriers to obtaining and preparing healthy food and making healthy choices.

The current research revealed that the social environment of the child, which is mainly comprised of the child's parents and teachers, requires several environmental supports to promote the health and well-being of preschool-aged children. The first environmental support that is needed as recognized by this study is informational support to teachers and families on health and well-being. Informational support does not have to be limited to educating parents and teachers about promoting physical health and well-being, but there is a need to further expand the definition of health and well-being based on the perceptions of our participants. Both the parents and teachers felt that the mental and social well-being of children are important concepts to promoting health and well-being. As highlighted by the definition of health by the WHO, parents and teachers need to be made aware that health is not limited to physical well-being but also includes social and emotional well-being. The second environmental support needed to promote the health and well-being of preschool-aged children is modifying daily routines of children and their families that include opportunities to engage in physical and social activities rather than sedentary play.

Overall, this study was an attempt to understand how social and physical factors in an environment and the personal health practices of the participants can influence the health and well-being of preschool-aged children. We used the innovative technique of Photovoice to generate data that provided an opportunity for the participants to share their unique stories, their challenges, and their successful strategies for inculcating the concept of health and well-being among preschoolers.

Limitations of the Study

Certain limitations were identified, including a small sample size, which limits the generalizability of the study results. The Photovoice process may involve conducting focus groups with participants to generate data, but in this study, we used individual interviews because the parent and teacher participants preferred to be interviewed at a time that was convenient for them, making it difficult to conduct a focus group. We did not collect data on the socioeconomic status of a family, which may be an important factor that can influence perceptions related to health and well-being.

Future Direction and Implications to Occupational Therapy

Based on the findings of the study (see Figure 4), we created a toolbox of strategies to educate parents and teachers on how to use their natural environment to promote the physical and mental health and well-being of preschool-aged children. The strategies in the toolbox have been generated through an extensive literature review (see Tables 4 and 5). Future direction includes implementing the toolbox with teachers and parents at the day care facility.

Table 4

Strategies to Promote Physical Health and Well-Being

Strategies to promote physical health and well-being	Role of occupational therapy practitioner
Incorporating a routine of daily movement-based activities with children at school and at home (Kreichauf et al., 2012).	OT can collaborate with teachers and families to create an individualized plan for children to promote physical activities.
Educating families to develop routines of healthy eating and discussing options of buying healthy affordable food as available in the community.	OT can collaborate with teachers and families to identify resources in the community to promote healthy eating options.

Table 5

Strategies to Promote Mental Health and Well-Being

Strategies to promote mental health and well-being	Role of occupational therapy practitioner
Educating teachers and parents about using developmentally and culturally appropriate books and toys with children to promote social and emotional communication in context of family relationship (Knitzer, 2000).	OT can collaborate with teachers and families to identify and use books and toys that are readily available at home or in the community to encourage social communication among family members.
Educating families about stress reduction techniques related to mindfulness (Flisek, 2001).	OT can collaborate with teachers to discuss stress reduction strategies with parents, such as yoga or meditation, which could even be practiced with their child.

In accordance with AOTA, occupational therapy has a role in educating preschool-aged children, their parents, and their teachers on health and well-being (AOTA, n.d.). AOTA provides many opportunities for occupational therapy practitioners to engage in health promotion. Occupational therapy practitioners can provide a readily accessible source of expertise and informational support in the contribution to preventive, acute, habilitative, rehabilitative, behavioral, and mental health care of children in schools (AOTA, n.d.; National Conference of State Legislatures, 2011). Routines as practiced by family members can influence how preschool-aged children learn to develop their own routines. Occupational therapy practitioners can actively collaborate with the staff and educators at day care facilities and play a crucial role in providing informational support to families and teachers about strategies to promote the physical, mental, and social health and well-being of preschool-aged children (Sood et al., 2015).

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Conclusion

Overall, this study has found that parents and teachers of preschool-aged children view health and well-being in ways that correspond with past research, with this study introducing pertinent specifications and a detailed expansion of their views. Teachers and parents both perceived health in terms of the physical aspects, such as sleep and nutrition. Furthermore, teachers and parents identified time and money as both barriers and supports to maintaining the health and well-being of preschool-aged children. In addition, teachers and parents identified access to educational resources as a necessary support to maintain the health and well-being of preschool-aged children. In conclusion, occupational therapy can play a vital role in creating and providing information on the promotion and maintenance of the health and well-being of children in schools and day care facilities by first analyzing the needs of the population and then collaborating with the staff, parents, and children to develop a program.

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