The “Best and Hardest Parts” of Parenting

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INTRODUCTION

- “Agenda-broadening questions” are recommended as part of health supervision to communicate openness to biopsychosocial issues parents may not consider as part of medical care. However, there are little data available to guide clinicians regarding this approach or to know what parents may want to explore at various ages of their children.
- The purpose of this study was to describe responses to agenda-broadening questions that parents of infants and toddlers submitted prior to attending a well child visit.

METHOD

Participants
- Participants were caregivers of children aged 0 to 36 months presenting for a health supervision visit.

Measures
- Two questions were added to a pre-visit online questionnaire immediately following a more traditional “chief complaint” (i.e., “What do you most want to discuss at the upcoming visit?”) asking caregivers to indicate the “1 or 2 very best parts of taking care of your child?” followed by another question “...the very hardest parts of taking care of your child.” There was also an option for a text response to “other.”

Procedures
- Data were collected via a pre-visit online questionnaire in a national primary care sample prior to 74,905 health supervision visits for 0 to 3 year olds.
- Frequencies of the structured items were analyzed, and “other” responses were coded and analyzed.

RESULTS

- From 11 “best” options, parents most often endorsed the way he/she smiles (55.8%), playing with him/her (50.3%), and watching him/her with siblings (24.8%; Figure 1).
- There were 4,853 “other” responses for “best parts of taking care of your child.” Parents most often free text entered was categorized as ability/quality (31.5%), growth/development (30.9%), and general positivity (29.0%; Figure 2).
- There were 3,996 “other” responses for “the very hardest parts of taking care of your child.” Parents most often free text entered was categorized as ability/quality (31.5%), growth/development (30.9%), and general positivity (29.0%; Figure 3).
- Worrying about health was endorsed by almost 1 in 5 parents of newborns, but the frequency dropped at every age level thereafter.
- During the first year of life, sleep is the number one listed hardest part, but after that crying/fussing is the most common challenge.
- After the first year, parents start to shift from describing their children with generally positive terms to more specific abilities and also disabilities emerging after that.
- Although there were some nuanced differences, the frequency of endorsement for the best/hardest parts of parenting were largely consistent across 10 narrow age bands.

CONCLUSION

- In the first two months, worries about health was the most frequently endorsed item but, thereafter, in order to connect and be responsive to parents PCPs should be prepared to discuss a variety of psychosocial issues.
- Crying was the overall hardest part for parents and smiling was the best part throughout the first three years of life. Parent’s perception of their child’s emotions has great impact on how parents feel about their parenting experience.
- Coping with child’s upsets such as crying/fussing/tantrums, which is the most common “hard part” endorsed by parents. This dysregulation also deserves attention as it may also elicit adverse parenting strategies. Clinicians should be prepared with interpretations and suggestions.
- Life balance issues were consistently the most common “hard part” submitted as free text in addition to standard items. Combined with the high selection of the “managing other stress” option, it is clear that addressing caregiver well-being is a key topic for biopsychosocial health supervision of young children.
- 82.6% of parents identified a challenge area suggesting that these agenda-broadening questions are likely to tap issues parents care about and therefore may be more interested in addressing than standard anticipatory guidance topics.
- Even for parents reporting “nothing is hard” (17.4%), these brief questions may convey clinician openness to a wide range of issues in future visits.
- Identifying positive aspects of parenting as well as pathology oriented issues may allow the clinician to gain a better understanding of the parent as a person and their overall parenting experience promoting the kind of trusting relationship that can lead parents to be more open to recommendations, overall experience as a parent and person tending to enhance the kind of trusting relationships leading parents to be more open to helping suggestions.
- This report provides data to inform revisions of these agenda-broadening questions and areas of needed decision support.

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