



The family impact of childhood atopic dermatitis: Scoping review

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1. Introduction

Atopic dermatitis is a chronic, pruritic inflammatory skin disease occurring most frequently among children. Specifically, roughly 17% of all American children (Eichenfield et al., 2014; Laughter, Istvan, Tofte, & Hanifin, 2000) have atopic dermatitis. In Japan, 12.8% of 4-month-old, 9.8% of 18-month-old, and 13.2% of 3-year-old children, have a diagnosis of atopic dermatitis (Katayama et al., 2014), and the incidence appears to be increasing. The adverse consequences of atopic dermatitis on children have been well-documented (Chamlin, 2006; Chamlin et al., 2005; Chamlin, Frieden, Williams, & Chren, 2004; Daud, Garralda, & David, 1993; Ricci, Bendandi, Bellini, Patrizi, & Masi, 2007). Due to illness, it influences not only the physical aspect among children but also on the psychological aspect. (Chamlin et al., 2004; Chamlin et al., 2005; Daud et al., 1993). In addition, atopic dermatitis also affects members of the family. There is some negative effect of a child with atopic dermatitis compared to a healthy child (Tsuzuki et al., 2006). Furthermore, Chamlin et al. (2005) reported that the disease's condition influenced the sleep quality of both parents and child. Co-sleeping because of the skin condition was reported by 30% of families, and most of these parents (66%) were bothered by the co-sleeping (Chamlin et al., 2005). In Moore, David, Murray, Child, and Arkwright (2006), the parents of children with atopic dermatitis had greater sleep disturbance compared to parents of children with asthma. Furthermore, the severity of parents' sleep disturbance had a positive correlation with mothers' anxiety and depression, and fathers' anxiety. Preliminary research has also suggested that atopic dermatitis places a relatively large financial burden on families (Carroll, Balkrishnan, Feldman, Fleischer, & Manuel, 2005; Ricci, Bendandi, Pagliara, Patrizi, & Masi, 2006; Su, Kemp, Varigos, & Nolan, 1997). Given that atopic dermatitis seems to make parenting an even more difficult process, it is assumed that parents and children are more likely to develop dysfunctional relationships. This has prompted the suggestion that psychological support be offered as part of routine management of atopic dermatitis (Howlett, 1999).

Taken together, these previous studies indicate that atopic dermatitis has a variety of impacts on the families of children with atopic dermatitis as well as the children themselves. Furthermore, these studies and their associated scales for assessing the quality of life(QoL) of

the children with atopic dermatitis and their parents have tended to focus on these two groups as separate entities—at present, there have been no studies examining children and parents as a whole unit (i.e., a family). Furthermore, no study has yet analyzed the impact of the disease on the family in a systematic way.

Therefore the purpose of this study was to analyze in detail what “the family impact of childhood atopic dermatitis” might be. We conducted a scoping review based on the steps of “concept analysis.” Throughout the review, we determined the concept's defining attributes, antecedents, and consequences, and by the greater understanding of these, potentially lead to better development of nursing interventions and childrearing support. Furthermore, we considered the potential for improving the QoL of patients with atopic dermatitis, who, as noted above, are expected to increase in the future.

2. Concept analysis

Concept analysis refers to the method of unfolding, exploring, and understanding of a concept for the purposes of concept development, delineation, comparison, clarification, correction, identification, refinement, and validation (Morse, Hupcey, Mitcham, & Lenz, 1996; Rodgers & Knafel, 2000; Walker & Avant, 2005). Ultimately, a concept analysis produces a precise operational definition of a given concept (Walker & Avant, 2005). We chose Walker and Avant's framework for concept analysis, which is based on Wilson's original concept analysis method (Wilson, 1963). An outline of the eight steps and whether and how they were applied in this concept analysis is shown in Table 1. Walker and Avant (2005) proposed that the purpose of a concept analysis is to determine the structure and function of a concept. They consolidated the concept analysis process into eight steps (Walker & Avant, 2005). The main issue of this study, “the family impact of childhood atopic dermatitis,” is too abstract for conducting a concept analysis, so it is not appropriate as a “concept.” However, we considered the steps of analysis and how to draw the concept model very useful.

3. Review methods

We adopted the scoping study framework which Arksey and

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Table 1
Walker and Avant concept analysis steps.

Steps	Used in this concept analysis	
(1) Select a concept	Yes	Literature review
(2) Determine the aims or purposes of analysis	Yes	Research question
(3) Identify all uses of the concept that you can discover	Yes	Literature review
(4) Determine the defining attributes	Yes	Literature review
(5) Identify a model case	No	Not applicable
(6) Identify the borderline, related, contrary, invented, and illegitimate cases	Yes	Identify the related cases
(7) Identify antecedents and consequences	Yes	Literature review
(8) Define empirical referents	Yes	Result of this study

O'Malley suggested as a review method (Arksey & O'Malley, 2005).

Stage one of the framework is “identifying the research question.” We identified the research question; what “the family impact of childhood atopic dermatitis” is. In order to pursue this research question, a scoping review was conducted with reference to the steps of concept analysis.

Stage two of the framework is “identifying the relevant studies.” To limit the scope of the review, agreement was reached among co-authors on the prerequisites for search, such as target age, database, keywords and languages. Young children (preschoolers) with atopic dermatitis and their families were focused on because we thought elementary school children have other developmental tasks, and determined that it is difficult to analyze all of these at the same time. Piaget contended that children undergo four stages of cognitive development: namely, the sensorimotor, preoperational, concrete operational, and formal operational stages (Inhelder & Piaget, 1958). We focused on children in the preoperational stage, wherein children can use symbols to represent objects but are unable to think logically. We believed that caring for children with disease in this stage is monumentally difficult for parents, as the child is unfamiliar with the nature of his or her condition. We did not consider the sensorimotor stage (birth to 2 years of age), as raising a child during that stage is presumably difficult regardless of whether the child has a condition, given that it is marked by development of language comprehension and the concept of self and the ability to explore one's environment. Data were collected from literature in PubMed published after January 1, 2000. Pubmed is a search engine of MEDLINE, which is the database of life sciences and biomedical topics, and is a huge database containing more than 20 million pieces of literature and books. MEDLINE has a unique system in which each reference to the medical literature is indexed under controlled vocabulary called Medical Subject Headings (MeSH) (Coletti & Bleich, 2001). Therefore, we thought that Pubmed would be a good means to reach the target issues because of MeSH, as it is appropriate and sufficient to collect literature in which we are interested. Specifically, we searched the database using the keywords “atopic dermatitis” (which yielded 1813 hits), “family” (35,492 hits), and “atopic dermatitis and family” (305 hits). We specified that only journal articles and abstracts be included, and that articles were featured preschool children (i.e., those aged 2–5 years) and written in English. Furthermore, eight sources (three in English, five in Japanese) were obtained through a manual search. We also searched in the same conditions on the database other than the Pubmed just to be sure, but the literature we were interested in was consistent.

Stage three of the framework is “Study selection.” We then reviewed the titles and abstracts of the retrieved sources, and excluded those that were unrelated to the family impact of childhood atopic dermatitis. A total of 37 sources were considered as objects of analysis.

Stage four of the framework is “Charting the data.” Using the Excel we summarized 37 literatures in the chart.

Stage five of the framework is “Collating, summarizing and reporting the results.” In this stage, we used the method of concept

analysis proposed by Walker and Avant mentioned above. The attributes of the concept were identified from the literature. The identification procedure was as follows: the 37 pieces of literature to be analyzed are designed as quantitative studies, using several measures as research tools. The domain and subdomain of the scales which were used in the literature were considered to be attributes of concept. For scales without domain and subdomain, the question items were coded and placed into these attributes. The concept was then created depending on the degree of abstraction and commonality of the codes. Specifically, after coding the identified attributes, we classified qualitatively into categories and subcategories in accordance with their degree of abstraction.

The same procedure was used to identify the antecedents (phenomena occurring prior to the concept) and consequences (phenomena occurring as a result of the concept). This led to the creation of the concept model.

To ensure objectivity, two researchers versed in adult and pediatric nursing analyzed the target literature respectively and extracted codes considered as concept attributes. As a result, the concept attribute matched at a rate of 66.7%. In the cases of disagreement, the researchers continued discussing the attribute until reaching a consensus in order to ensure the reliability of the coding.

4. Results

4.1. Select a concept

As we pointed out in the introduction, it is important to analyze in detail what “the family impact of childhood atopic dermatitis” is: raising a child with atopic dermatitis influences both the individual with the disease and the overall functioning of the family and relations among family members (Yamaguchi, Ishiguro, Asano, Fujimaru, & Yamada, 2011). It should be noted that since this study is a scoping review, “the family impact of childhood atopic dermatitis” was chosen as a main issue instead of a “concept.” Clarifying this main issue may help provide insight into useful approaches to childcare assistance and interventions that can help families of children with atopic dermatitis in the future. In particular, attention should be paid to the state of family systems and the subjective feelings of those families in order to offer them better support.

4.2. Determine the aims or purposes of analysis

We sought to clarify the impact of atopic dermatitis on both the children with atopic dermatitis and their families; we considered not only the physical impacts, but also the emotional ones. This would help in clarifying areas of focus for nursing intervention and childrearing support. Importantly, delineating this concept will help in judging the necessity of a nursing intervention or childrearing support by determining its impact on the family, rather than merely on the severity of the atopic dermatitis.

4.3. Identify all uses of the concept that you can discover

When considering the concept of “family,” in particular, we noted various definitions in various fields. The *Oxford English Dictionary* defines “family” as “a group of people consisting of one set of parents and their children, whether living together or not. In wider sense: any group of people connected by blood, marriage, adoption, etc. Also: a pair of animals and their young.” In contrast, early theorists in family social science (Burgess & Locke, 1953) adopted the following definition of “family”: “The family is a group of persons united by ties of marriage, blood, or adoption, constituting a single household; interacting and communicating with each other in their respective social roles of husband and wife, mother and father, son and daughter, brother and sister; and creating and maintaining a common culture.” Alternatively, in

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