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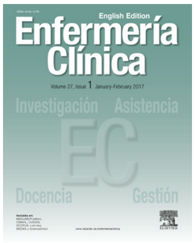

ORIGINAL ARTICLE

Hospitalization due to bronchiolitis: factors influencing parents' experience[☆,☆☆]

Manuel Montilla-Pérez[a,*], Miguel Ángel Zafra Anta[a], Domingo Palacios-Ceña[b]

[a] *Hospital Universitario de Fuenlabrada, Fuenlabrada, Madrid, Spain*
[b] *Facultad Ciencias de la Salud, Universidad Rey Juan Carlos, Alcorcón, Madrid, Spain*

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Abstract
Aim: To describe the experience of the parents of children hospitalised due to bronchiolitis.
Method: Phenomenological qualitative study. Purposeful sampling was undertaken of parents with children diagnosed with bronchiolitis, from December 7, 2015 to January 8, 2016, and admitted to the paediatric department of a public hospital of the Madrid Health Service. Data collection strategies included focus groups and researchers' field notes. Afterwards, the data were analysed using thematic analysis. We included 10 parents, aged between 30 and 39 years. Five themes were explored: perception of monitoring, need to know, perception of child fragility, coping strategies, and reorganisation of the family environment.
Results: Oxygen saturation monitoring through devices produced dependence and uncertainty in the parents. In addition, there was a need to know and understand the technical language, which encouraged searching for information on the Internet. The parents perceived the fragility of the hospitalised child through their appearance and physical state. In addition, they developed different coping strategies to seek and confirm information, to approach professionals and be present with their children. Finally, the family was reorganised to maintain the constant presence of the parents during hospitalisation.
Conclusions: The results obtained can help paediatric professionals manage the information given to parents and thus empower them.

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[*] Corresponding author.
E-mail addresses: manuel.montilla@salud.madrid.org, mmontillap72@hotmail.com (M. Montilla-Pérez).

PALABRAS CLAVE
Bronquiolitis;
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Padres;
Adaptación psicológica

Hospitalización por bronquiolitis: Factores influyentes en la vivencia de los progenitores

Resumen

Objetivo: Describir la experiencia de los progenitores de niños hospitalizados por bronquiolitis.

Método: Estudio cualitativo fenomenológico. Se incluyeron progenitores con hijos ingresados por bronquiolitis, entre el 7 de diciembre de 2015 y el 8 enero de 2016, en el servicio de Pediatría de un hospital del Servicio Madrileño de Salud. Se recogieron los datos mediante grupos focales y notas de los investigadores. Se realizó el análisis temático de los datos. Se incluyeron 10 progenitores con edades comprendidas entre los 30 y 39 años. Se exploraron 5 temas: percepción de la monitorización, necesidad de saber, percepción de fragilidad del niño, estrategias de afrontamiento, y reorganización del entorno familiar.

Resultados: La monitorización de la saturación de oxígeno produce dependencia e incertidumbre en los progenitores. Además, existe una necesidad de conocer, que favorece la búsqueda de información en Internet. Los progenitores perciben la fragilidad del niño hospitalizado a través de su aspecto y estado físico. Además, desarrollan diferentes estrategias de afrontamiento para buscar y confirmar la información, aproximarse a los profesionales y estar presentes junto a los hijos/as. Por último, se produce una reorganización de la familia para mantener la presencia constante de los progenitores durante la hospitalización.

Conclusiones: Los resultados obtenidos pueden orientar a los profesionales de pediatría a manejar la información administrada a los progenitores y potenciar el empoderamiento de los progenitores.

What is known?

Hospitalisation due to acute bronchiolitis, together with the associated symptoms, creates an emotional impact in the parents, leading to fear, a feeling of vulnerability and a strong demand for information.

What does this paper contribute?

The experiences of the parents of children hospitalised due to acute bronchiolitis may help in the implementation of areas of improvement in the everyday clinical practice in this field, thereby minimising the emotional impact of hospitalisation due to bronchiolitis.

Introduction

Acute bronchiolitis (AB) is the most common lower respiratory tract infection in newborn babies,[1] with 19–24.9 admissions per 1000 newborn babies[2] per year. This has a seasonal pattern, with epidemics that last from 3 to 5 months,[1] from the end of autumn until the start of spring.

AB generates a high demand for care[3] and it leads to many visits to the Emergency department and admissions during epidemics. Admissions last for an average of 5.4 days.[2] There is also wide variation in how AB is treated. Previous studies show that treatment does not change the clinical course of the disease, while outpatient support and treatment by the family are essential in controlling it.[4] Health education plays an unquestionable role in the process, to prevent complications.[5]

The supporting measures which newborn babies receive when hospitalised due to AB include the administration of bronchodilators and evaluation of oxygenation by transcutaneous pulse oximetry.[4,6,7] Continuous monitoring is used as the criterion for admission to hospital, and it is especially indicated if the child is unstable.[1] Once the child has stabilised and monitoring is withdrawn the parents may start to feel anxiety, anguish, vulnerable and isolated. These feelings become more acute in the family[8,9] at the moment when the child is transferred from an intensive care unit to a ward where continuous monitoring is not used.

Hospitalisation of the child together with the associated symptoms of the disease have an emotional impact on the parents. They cause fear, a feeling of vulnerability and a strong demand for information.[10] Experience of previous hospitalisations may help parents to adapt to a new one.[6] The need for information leads parents to seek information in Internet,[10,11] in spite of the lack of validity and quality of many of the sources found there.[12,13] Egea et al.[14] state that 84% of parents had consulted Internet to gain information on a health problem before and/or after visiting their paediatrician or nurse, although 98% trust their paediatrician more than they do Internet.

We found no studies in Spain that cover the point of view of the parents of children hospitalised due to AB. Only two earlier qualitative studies were found which included individual interviews.[6,7] The question which guided this study is: